

Working Together to Build Healthy Communities

Canadian Cancer Society Health Promotion Facilitator's Guide

(Including Planning and Training Tools)



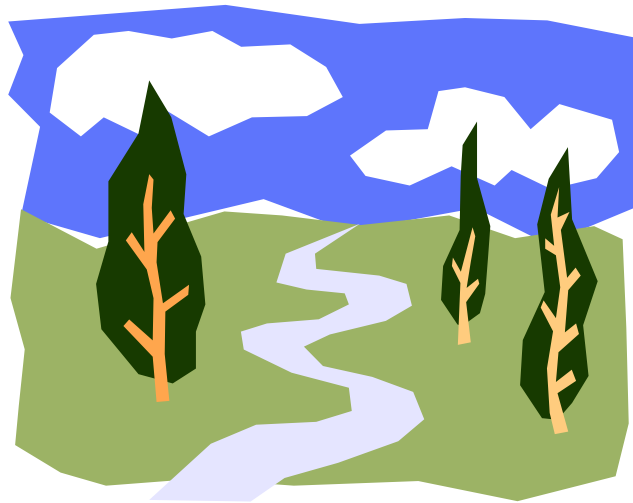
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INTRODUCTION



"The distance is nothing; it's only the first step that is difficult."
Marquise du Deffand

Welcome to the world of health promotion!

And welcome to the Canadian Cancer Society's *Health Promotion Facilitator's Guide*!

Health promotion is an approach to improving health by providing individuals, families, groups and communities with the tools they need to make informed decisions about their well-being. Health promotion moves beyond the traditional treatment of illness and injury. Its efforts focus on the social, physical, economical and political factors that affect health and include such activities as the promotion of physical fitness, healthy living and good nutrition.¹

This *Guide* has been written for Canadian Cancer Society health promotion facilitators. It is intended to be used within the framework of each Division's overall strategic plan to support the delivery of prevention activities and programs. The *Guide* was developed under the auspices of the Cancer Society's National Operations Prevention (NOP) team and relates directly to 1) the national direction: *To be the Canadian leader in cancer prevention* and 2) the national goal: *To build the skills and capacity of staff and volunteers to advance the Canadian Cancer Society's work in prevention*.

The *Health Promotion Facilitator's Guide* provides the platform for building a prevention strategy within each Division. It is a TOOL to be used to enhance the knowledge and skills of volunteers interested in supporting our prevention initiatives. The key objectives of the *Guide* are to provide facilitators with the information they will need:

- ✓ To train volunteers about the importance of a health promotion approach for cancer risk reduction.
- ✓ To work with volunteers to identify areas in their communities where healthy improvements are needed.
- ✓ To work with volunteers to take action in their communities to reduce cancer risk.

Note: This *Guide* is a training tool intended for use by Canadian Cancer Society health promotion facilitators. These facilitators may include paid staff or leadership volunteers. Their primary role is to work with health promotion volunteers to plan and carry out health promotion programs in their communities. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

¹ Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/vs-sb/voluntarysector/glossary.html>

Why is the Canadian Cancer Society interested in health promotion?

From its very earliest beginnings over sixty years ago, the Canadian Cancer Society has played a vital and visible role in raising awareness about cancer at every level of society and in communities across Canada. It is interesting to note that the Canadian Cancer Society was originally formed by a group of physicians who wanted to reduce misconceptions about cancer by working with volunteers to raise awareness about the signs and symptoms of cancer and the importance of early detection.

All across the country in communities such as small rural towns, large urban cities, remote northern outposts and coastal fishing villages, the Society's dedicated volunteers continue to work hard to respond to individual, family and community needs. Our fundraising programs reach millions of Canadians and raise the most money for cancer. Because of our minimal government funding, the Society is unique in its ability to advocate cancer related issues to government.

In spite of our efforts, Canadians continue to fear cancer. One of the best ways we can reduce this fear is to help people understand how we can overcome cancer through prevention and by early detection.

We know that **at least half** of cancer cases can be prevented through healthy lifestyles, healthy public policies and healthy social change. The Canadian Cancer Society is in a unique and exciting position to rally its volunteers to become involved in a population health approach to cancer prevention – an approach that has the potential to make an incredible difference to the cancer burden in Canada.

The Health Promotion Facilitator's Guide

The Canadian Cancer Society's *Health Promotion Facilitator's Guide* is designed to help facilitators work with health promotion volunteers to build the skills needed to make healthy changes in their own lives, in the lives of people close to them and in their own communities. These simple, practical and lasting changes will help fight cancer.

The *Guide* outlines and illustrates the theory and importance of health promotion and why it is so vital in our fight against cancer. The *Guide* will also help facilitators teach the *how to's* of health promotion programs, for example, *how to* recruit and manage successful health promotion volunteers, *how to* make health promotion matter within Canada's varied communities, *how to* build partnerships and *how to* get the message out there. The *Guide* also provides facilitators with the names and locations of additional resources.

Important note: The *Guide* provides only very basic information about our key health messages such as tobacco reduction, healthy food choices, early detection of cancer, UV protection or sun safety. For the latest information on these issues, always consult the Canadian Cancer Society's web site: www.cancer.ca.

Who should use the *Facilitator's Guide*?

There are three kinds of participants in the Canadian Cancer Society's health promotion program. All participants play key roles in supporting healthier communities.

Health promotion facilitators: Paid staff and/or leadership volunteers who work with Canadian Cancer Society health promotion volunteers to coordinate and implement activities that promote healthy lifestyles and cancer risk reduction in their communities. Health promotion facilitators will work with Division prevention staff to ensure the activities are consistent with Division priorities.

Health promotion volunteers: Canadian Cancer Society volunteers from various local communities who are trained to carry out health promotion activities within their communities.

Community participants: People from various local communities who learn about cancer risk reduction from Canadian Cancer Society health promotion volunteers.

This *Guide* has been written primarily for staff and/or volunteer facilitators who will be working with health promotion volunteers to carry out health promotion activities in their local communities. The *Guide* contains a number of hands-on resources that can be used to train health promotion volunteers and help them plan activities.

These resources are provided in Section C "Hands On! Training Tools" and Section D "Hands On! Program Planning Tools". **Note:** A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for Health promotion volunteers.

What's in the *Facilitator's Guide*?

The *Health Promotion Facilitator's Guide* has been organized in a modular format to allow flexibility for Divisions who may be at various stages of development in their health promotion program.

Section A: A primer in health promotion

This section will be useful for Divisions who are just beginning to plan for health promotion. It contains information about the importance of cancer risk reduction, what health promotion is all about, why it is important to the Canadian Cancer Society and how to move from basic health education to community action for health. The information in this section may be useful in providing orientation to health promotion to a wide range of staff and volunteers including provincial and local Boards of Directors.

Section B: Working with volunteers to promote healthy communities

This section gets down to the business of planning and organizing health promotion programs. It provides details on how to help volunteers identify issues and develop a health promotion plan, how to build support by recruiting and training health promotion volunteers and through building community partnerships, how to help volunteers

get the message out there, how and when to advocate for cancer risk reduction and how to measure success. The information in this section should be used by health promotion facilitators to work with health promotion volunteers who will be working on the front lines in their communities.

Section C: Hands On! Training tools

This section provides a range of interactive training tools that have been specially designed to help facilitators train and support volunteers in understanding the material provided in each of the chapters.

Section D: Hands On! Planning tools

This section provides a range of planning tools that have been specially designed to help facilitators and volunteers plan and organize health promotion activities in their local communities.

Section E: More help if you need it

This section contains important words, concepts and resources that will help in understanding health promotion and cancer risk reduction.

Section F: Your Division

This section should contain specific information that each provincial Division may choose to include in the *Facilitator's Guide*.

How each chapter is organized

Each chapter of the *Guide* follows a similar format:

Introduction:

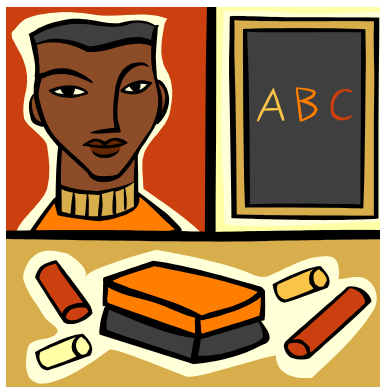
A description of the purpose and learning objectives of the chapter.

Main content:

Theory and practice about specific ideas and activities and the evidence to support why they are important.

Section A

A PRIMER IN HEALTH PROMOTION



"That is what learning is. You suddenly understand something you've understood all your life, but in a new way." Doris Lessing

This section will be useful for Divisions who are just beginning to plan for health promotion. It contains information about the importance of cancer risk reduction, what health promotion is all about, why it is important to the Canadian Cancer Society and how to move from basic health education to community action for health. The information in this section may be useful in providing orientation to health promotion to a wide range of staff and volunteers including provincial and local Boards of Directors.

Chapter 1

An ounce of prevention is worth a pound of cure: The good news about cancer risk reduction

Purpose:

The purpose of this chapter is to provide health promotion facilitators with basic information about what causes cancer and how health promotion plays an important role in reducing cancer risk.

Key topics:

1. What is cancer?
2. Cancer risk factors
3. Taking action to reduce risk
4. Making the connection between health promotion and cancer risk reduction
5. Key messages related to cancer risk reduction

Additional training materials (available in Section C):

- ✓ Hands On! Training Tool #1: Stomp out cancer!
- ✓ Hands On! Training Tool #2: Moving from the one to the all

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.
2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. What is cancer?²

It seems as though every day we hear about a new breakthrough in cancer control. The media tells us about new medications and treatments, possible causes of cancer and how cancer is affecting more and more people. Have you ever wondered what to believe?

Cancer is a disease that starts in our cells. Our bodies are made up of millions of cells, grouped together to form tissues or organs such as muscles and bones, the lungs, or the liver. Genes inside each cell order it to grow, work, reproduce and die.

Normally, our cells obey these orders and we remain healthy. Sometimes a cell's instructions get mixed up and it behaves abnormally. After a while, groups of abnormal cells can circulate in the blood or immune system, or they can form lumps or tumours.

Tumours can be either benign (non-cancerous) or malignant (cancerous). Benign tumour cells stay in one place in the body and are not usually life-threatening.

² Based on information from the Canadian Cancer Society website:
http://www.cancer.ca/ccs/internet/standard/0_3182,3172_10127_langId-en.00.html

Malignant tumour cells are able to invade the tissues around them and spread to other parts of the body. The spread of cancerous cells to other parts of the body is called metastasis. The first sign that a malignant tumour has spread is often swelling of nearby lymph nodes, but cancer can metastasize to almost any part of the body. It is important to find malignant tumours early and treat them.

Cancers are named after the part of the body where they start. For example, cancer that starts in the colon but spreads to the liver is called “colon cancer with liver metastases.”

Scientists have been working for many years to solve the mystery of cancer. One thing we do know is that cancer is actually many different diseases and there is probably no one cure that will end it forever.

2. Cancer risk factors

Scientists have identified a number of different things that increase our chances of developing cancer. These are called risk factors.

The risk of cancer is influenced by:

- risk factors which may contribute to the development of cancer over our lifetime
- the chance of having an inherited gene mutation

Lifetime risk

Lifetime risk is often discussed in relation to the risk of individuals in the general population. Many of us have heard that one in nine Canadian women will develop breast cancer in her lifetime. This statement means that if we kept track of a group of 100 Canadian girl babies all through their lives, we would find that 11 of them (one in 9) would have been diagnosed with breast cancer at *some point* during that time. It does not mean that if nine Canadian women were together in a room then one of them would have breast cancer at that moment.

Lifetime risk may be stated in percentages. For example, you may be told that you have a 15% risk of developing cancer. This statement means that you have a 15% chance of being diagnosed with cancer sometime during your lifetime. It does not mean that there is a 15% chance you have cancer at this moment.

Risk factors

Risk factors are anything that might increase our chance of developing a disease like cancer. Cancer is not a single disease, but a large group of diseases. Most cancers develop as a result of gene mutations that develop in the cells during a person's lifetime.

Cancer develops gradually as a result of a complex mix of risk factors related to:

- lifestyle (smoking, diet, exposure to sunlight)
- the environment
- heredity
- chance
- age (as you get older your risk increases)
- gender (male or female)

Some risk factors can be avoided, for example, we can choose not to smoke. Some cannot, for example, we cannot choose the genes that we inherit through birth.

Many people who develop cancer have no known risk factors. Even if a person has one or more risk factors, it is impossible to know exactly how much these risk factors may contribute to developing cancer later in life.

Inherited gene mutations

While all cancers could be considered to be genetic – as they are triggered by altered genes – only a small portion of cancers (up to 10%) are passed on from one family generation to another.

A cancer might be considered hereditary for a family if:

- the cancer is present in a number of generations
- family members have developed cancer when they were younger than 50 years of age or at a younger age than usual for that type of cancer
- family members have had more than one type of cancer

Depending on your risk of developing cancer, cancer specialists may advise certain preventive and/or early detection measures. These recommendations may be made with or without genetic testing.

Occupational and environmental exposure³

The Canadian Cancer Society believes that Canadians should not be exposed to known or probable cancer-causing substances at home, at work, or in their environment.

Wherever possible, exposure to substances that are known, or believed, to cause cancer should be identified and eliminated by substituting safer alternatives. When elimination is not possible, exposure should be reduced to the lowest possible levels.

When the scientific evidence suggests that exposure to an environmental or occupational contaminant may increase cancer risk, but has not fully established the nature or magnitude of that risk, the Canadian Cancer Society believes that measures should be taken to protect human health. For more on the “precautionary principle” see the key message: “Avoid environmental carcinogens” in section 5 of this Chapter.

3. Taking action to reduce risk

Prevention:

Preventive measures help reduce the chance of developing cancer. Research into cancer risk prevention provides us with information about how to lower our risk for developing cancer. For example, an individual may:

- make some lifestyle changes
- be given medication that may reduce their risk
- choose to have surgery

³ Source: Canadian Strategy for Cancer Control, Prevention of Occupational and Environmental Cancers in Canada: A Best Practices Review and Recommendations. May 2005.

It is interesting to note that there are three types of cancer prevention:

Type:	Definition:	Example:
Primary prevention	Prevent the onset of illness	Stop smoking, increase exercise and follow a healthy diet.
Secondary prevention	Detect disease before symptoms develop to increase the effectiveness of treatment	Breast cancer screening, cervical and colon cancer screening.
Tertiary prevention	Provide rehabilitation and treatment services that maximize possible outcomes.	Surgical and/or pharmacological interventions provided by cancer treatment centres.

Early detection:

Unfortunately, not every cancer can be prevented. However, we can reduce the impact of many cancers if we detect them early. Early detection measures help to discover signs of cancer as early as possible. These methods could include a combination of:

- clinical tests (like mammography, ultrasound)
- examinations done by a doctor
- self-examinations you do on your own (like breast self-examination)

One of the best ways to control certain types of cancer is by screening large groups of people such as provincial mammography programs which screen for breast cancer. These programs are usually available across Canada but may vary from province to province.

The Canadian Cancer Society suggests that individuals consult with their doctor to learn more about their risk of cancer and to ask about any screening tests or programs that might help find cancer early.

4. Making the connection between health promotion and cancer risk reduction

Some cancers can be treated quite easily and quickly, while others may last a long time and are very difficult to cure. Some cancers cannot be cured at all. In Canada, cancer is one of the top five chronic diseases. The others are cardiovascular (heart) disease, diabetes, kidney disease and respiratory (lung) diseases. These illnesses account for more than 75% of deaths in the country.⁴ The good news is that many health promotion activities will also reduce the risk of a combination of chronic diseases.

The Canadian Cancer Society recognizes that one of the best ways to reduce the impact of cancer on individuals, families and society is to adopt a health promotion approach that promotes prevention and early detection. Scientists have been telling us for decades that the risk factors for a number of chronic diseases are modifiable.

⁴ Statistics Canada, Selected Leading Causes of Death by Sex, 1997. Retrieved August 17, 2005 from: <http://www40.statcan.ca/I01/cst01/health36.htm>

That means that we can have an impact on whether we develop chronic disease by taking (or not taking) certain actions. These actions include: avoiding commercial tobacco, limiting alcohol use, improving nutritional and physical activity patterns and controlling your weight.

More than one-third of cancers are attributable to food, obesity and physical inactivity. These cancers might be prevented if people ate more vegetables and fruit, had a healthy body weight and were more physically active. These changes could lower the risk of cancer of the bowel, mouth and throat, stomach, breast, uterus, kidney and prostate. They may also reduce the risk of diabetes, heart disease, stroke and other chronic conditions.⁵

Eliminating tobacco is one of the most effective ways we can reduce cancer because smoking is the single most important cause of cancer. Commercial tobacco causes lung cancer, many upper airway (mouth, throat, larynx) and urinary tract (bladder and kidney) cancers, cervical cancer, and acute myeloid leukemia, as well as some cancers of the stomach and pancreas.⁶

In health promotion, it is important to note that there is a difference between individuals and communities who are at risk for developing cancer. Recognizing this fact will help you decide what type of health promotion action to take. Individual action is very important, but in most cases, we can have an even greater impact if we focus on helping our communities reduce their risk. We can do this through activities which create supportive environments for change such as implementing smoke-free policies and expanding opportunities for physical activity and healthy food choices. Remember, not all individuals or communities are equal. There are many unique factors that will affect your choice of health promotion activity and how successful you will be.

It is extremely important to note that by adopting a health promotion approach for chronic disease prevention and screening, we can dramatically reduce the high costs of chronic disease control in the future.

Note: There are many actions that are already happening in Canada to support cancer prevention at the community, provincial and national levels. Nationally, the Canadian Cancer Society has adopted prevention as one of its key goals or “ends”. In your province, there may have been strategies and key messages that have been developed to address the risk factors for chronic disease. These may include strategies aimed at limiting tobacco use, promoting physical activity and encouraging healthy eating. (For more information, see Section A, Chapter 3, Section 5: *Canadian Cancer Society health promotion activities across Canada*.)

Another important note: This *Guide* focuses specifically on the link between health promotion and the reduction of cancer. As mentioned above, it is also very important to keep in mind that many health promotion activities will also reduce the risk of other chronic diseases such as heart disease, diabetes, kidney disease and respiratory problems.

⁵ Source: Cancer Care Ontario: http://www.cancercare.on.ca/index_dietAndhealthyBodyweight.htm

⁶ Source: Cancer Care Ontario: http://www.cancercare.on.ca/index_tobacco.htm

5. The Canadian Cancer Society's key messages about risk reduction

The more we know about the factors that increase or lower our odds of developing cancer, the easier it will be to avoid or adopt them. But it's important to remember that this will not guarantee that you won't get cancer. We don't know for certain why one person gets cancer and another does not.

Note: This section contains basic information you can provide to health promotion volunteers about each issue. For the most up-to-date information about the Society's key messages, visit our website: www.cancer.ca.

MAKING HEALTHY CHOICES:

Be a non-smoker. Smoking causes about 30% of all cancers in Canada. Each year, thousands of Canadians die as a result of tobacco-related cancers. Choosing to be a non-smoker is an important health decision. Not smoking not only lowers cancer risk, but also lowers the chance of heart attack, stroke, asthma, emphysema and other diseases. It's never too late to quit smoking.

Avoid second-hand smoke. Canadians are exposed to second-hand smoke at home, at school, in public places, in restaurants and at work. Non-smokers exposed to second-hand smoke are also at higher risk of getting cancer and other lung diseases. Health Canada estimates that more than 300 non-smokers die from lung cancer each year because of second-hand smoke.

Eat well, be active. Research shows that up to 35% of all cancers can be prevented by eating well, being active and maintaining a healthy weight. Vegetables and fruit play a key role in a healthy diet and weight control. Choose five to ten servings of vegetables and fruit every day.

Physical activity is important for Canadians of all ages. Research has shown that regular activity can help protect against certain types of cancer such as breast and colon cancer. Physical activity is also one of the best ways to keep your weight down. If you are overweight you are at greater risk for cancer and other health problems such as diabetes, heart disease and stroke.

Limit your alcohol use. While some studies have shown that moderate alcohol intake might protect against heart disease, excessive drinking can greatly increase your chance of developing certain cancers. Excessive alcohol, when combined with tobacco use, can further increase your risk of developing these cancers.

LOWERING YOUR RISK:

Protect yourself and your family from the sun, particularly between 11 a.m. and 4 p.m. when the sun's rays are at their strongest, or any time of the day when the UV Index is 3 or more. Sunlight contains ultraviolet (UV) rays that can harm your skin and eyes. Ultraviolet (UV) radiation is a known human carcinogen. In Canada, sunlight is strong enough to cause premature aging of the skin and skin cancer. UV rays can get through clouds, fog and haze. They can also pass through water when you are swimming. In fact, a tan is evidence of skin damage from

exposure to UV radiation. UV damage whether from the sun or artificial tanning equipment doesn't go away – it is cumulative over the course of a lifetime.

Follow health and safety instructions at home and at work. Take care to follow safety instructions when using, storing and disposing of household pesticides or any other chemicals.

Be aware of infectious agents. The connection between infections and cancer is an important one. In developed countries, 5% of all cancer deaths are thought to be the result of viral and other infections. Several of the cancers associated with viral infections have clearly identifiable non-cancerous conditions (precursors) before developing into cancer. Screening tests can help identify these signs and if they are treated successfully cancer may be avoided. For example, screening for signs of cervical cancer using the Pap test has successfully reduced the incidence of cervical cancer.

Eliminate or reduce risk of exposure to environmental carcinogens. The Canadian Cancer Society uses the best available scientific evidence to develop our health messages. When the body of scientific evidence suggests that exposure to an environmental contaminant may increase cancer risk, but has not fully established the nature or magnitude of that risk, the Canadian Cancer Society believes that measures should be taken to protect human health. As a result, the precautionary principle is also considered in the development of our health messages. This principle states that “When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically.” A simpler, well-known way of saying this is: “Better safe than sorry.”

Current scientific evidence suggests that a small percentage of cancers are related to exposure to cancer-causing substances in the environment. While the exact percentage of cancers associated with this type of exposure is a matter of some debate, it does suggest that people, who are continually exposed to known or probable environmental carcinogens, may have a higher risk of developing cancers.

Protect yourself from cancer-causing agents at work. The Canadian Cancer Society believes that governments must ensure that appropriate regulation and legislation is in place to protect workers. It is the employer's responsibility to ensure that their employees are not exposed to known or probable cancer-causing agents during the course of their work. Employers must inform their workers about the name, chemical composition and potential toxicities of all substances they work with and provide personal protective equipment where indicated. Work environments must be designed to prevent any exposure to toxic substances.

The Canadian Cancer Society believes that as community members, workers and consumers, we all have the right:

- to know about the environmental and occupational risks that we are being exposed to
- to make informed decisions affecting our health

Report any changes in your health

The Canadian Cancer Society advises people to have the following warning signs checked by a doctor:

- a new or unusual lump or swelling in the breast, testicles or any other part of the body
- any gland that remains swollen for more than 3 weeks
- any sore that does not heal anywhere on the body or in the mouth
- obvious change in the shape, size or colour of a mole or wart
- a nagging cough or hoarseness that lasts more than 4 weeks
- difficulty swallowing that lasts more than 4 weeks
- blood in the urine, stool or phlegm
- unusual bleeding or discharge of any sort from the nipple or vagina
- change in bladder habits, such as pain or difficulty urinating
- any change in bowel habits (constipation or diarrhea) that continues for more than a few days
- persistent indigestion
- unexplained weight loss, fever or fatigue
- unexplained aches and pains that go on for more than 4 weeks
- any new growth on the skin, or patches of skin that bleed, itch or become red

Summing it all up

This chapter was all about taking action to reduce cancer risk. We looked at the factors that can cause cancer as well as the factors that can help prevent cancer or detect it early. We also considered the importance of taking both individual-level actions to reduce the risk of cancer as well as community-level actions as part of a population-based approach.

Here is a story that illustrates the importance of this concept.

The idea of moving healthcare “upstream” is often used as an analogy to describe the importance of prevention and early detection. This story can be traced back to Irving Kenneth Zola, an activist in the disability self-help movement who wrote:

There I am, standing by the shore of a swiftly-flowing river, and I hear the sound of a drowning man. So I jump into the river, put my arm around him, pull him to shore and apply artificial respiration. Just when he begins to breathe, another cry for help. So back into the river again: reaching, pulling, applying, breathing - and then another yell. Again and again, without end goes the sequence. You know, I am so busy jumping in, pulling them to shore and applying artificial respiration, that I have no time to see who is upstream pushing them all in.

By recognizing that healthcare also exists “upstream” we can avoid the need to pull some of the drowning victims from the water. Instead, we can help them learn how not to fall in the water (prevention). If they do fall in, we can help pull them out before they drown (early detection).

This story is not meant to imply that we still don’t need good healthcare resources downstream. We will never prevent all people from falling in the river and we will always need the best treatment possible for them when they do.

Here are some examples of “upstream” health promotion activities:

- ★ A local nutritionist visits inner city day cares, play groups and schools to share information with children and their parents about nutrition and healthy eating. She also offers grocery shopping tours for seniors.
- ★ A teen health centre is set up in a community near Nunavut. Youth are involved as board members, peer helpers and volunteers. Some of the health services include drug education, tobacco use prevention and violence awareness.
- ★ In response to a local community needs assessment, Black women in Halifax gather to learn about their health issues and the barriers they face in accessing health services. Through regular meetings, they discuss a variety of topics such as breast and cervical screening.

Chapter 2

Understanding health promotion

Purpose:

This chapter provides health promotion facilitators with information about health promotion – its basic components and key strategies.

Key topics:

1. The meaning of health promotion
2. The wide variety of factors that contribute to our health called the *social determinants of health*
3. The population health approach

Additional training materials (available in Section C):

- ✓ Hands On! Training Tool #3: Laying the Groundwork
- ✓ Hands On! Training Tool #4: The Health Race

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. What is health promotion?

To achieve our goals, we need resources. We need an income and the support of our friends and family. One of our most important resources is good health. Maintaining our health now and into the future is very important if we are to live the rich and full life we expect.

Unfortunately, many of us become so busy with our daily lives and the lives of our family that we don't take the time to think about how we can maintain our health now and stay healthy as we get older. **In order to be healthy now and into the future, we must take actions today.** For example, we need to eat nutritious low-fat foods, get sufficient exercise and maintain a healthy body weight. We need to lower our risk of future health problems such as cancer and heart disease.

While it is important that we take responsibility for our own health, we also need the support of our communities. **It is in this connection between the individual and society that health promotion comes into play.**

In 1986, *The Ottawa Charter for Health Promotion* put forward the following definition of health promotion:

Health promotion is the process of enabling people to increase control over and to improve their health.

This definition was an important achievement in Canada because for the first time, Canadians recognized that achieving good health was not just the job of individuals and their doctors, it was also an important social responsibility.

The Charter specifies that in order to achieve health, we must be able to identify and realize our aspirations, to satisfy our needs and to adapt to our environment. Health should be seen as a resource for everyday life, not the objective of living.⁷

In August 2005, a new Charter for Health Promotion was adopted in Bangkok, Thailand by the participants of the 6th Global Conference on Health Promotion. The Bangkok Charter identifies actions, commitments and pledges required to address the social determinants of health in a globalized world through health promotion.

For more information about the Bangkok Charter, visit the following website:
http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en

Health promotion action

Health promotion is a holistic activity that affects many different aspects of our life. By adopting healthy behaviours we not only reduce our risk of cancer, we also improve the quality of our life and lower our risk of other chronic diseases.

Health promotion is a dynamic, action-oriented process. Its ultimate goal is to achieve improved health and well-being for individuals and communities. In order to achieve this goal, there are a number of key activities which enable people and communities to take charge of their health.⁸ These key activities are:

Building healthy public policy

Health promotion is more than just healthcare. It puts health on the agenda of governments and policy-makers at all levels of society. It involves passing laws such as no-smoking bylaws, providing cancer screening programs and advocating for food security.

Creating supportive environments

There are strong links between the world we live in and our health. For example, if our neighbourhood parks provide plenty of shade, we can reduce our risk of skin cancer. If our employer doesn't allow smoking at work it makes our working environment more comfortable. This makes it easier for us to earn a living so we can afford to buy healthy food and enjoy our leisure time.

Strengthening action within communities

Health promotion gives communities the power to take ownership and control of their destinies. For example, families within communities may need support to come together to establish a community garden, to plant trees or implement a walking program that helps children get more exercise while getting to school safely.

⁷ The Ottawa Charter of Health Promotion, 1986.
http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

⁸ Ibid.

Developing personal skills

Health promotion helps people exercise more control over their own health. It involves teaching people about healthy choices such as eating healthy food, increasing physical activity and avoiding smoke. This education needs to happen in places where people gather such as school, home, work and their various spiritual, cultural and social communities.

Reorienting health services

The role of the health sector must move beyond just providing clinical care and embrace an expanded mandate which supports individuals and communities for a healthier life. Our health services must focus on the total needs of the individual as a whole person, including their membership in a family, their ethnicity, spirituality and sexuality. For example, some cultural groups may be more modest about issues such as breast, cervical and prostate health, individuals with different sexual orientation may have different approaches to their health, etc.

Ideally, society must invest its resources and effort into *all* of these activities to ensure success. However, even focusing on one or two will result in important gains. In addition, studies have shown that by investing in one area, communities can achieve better results in other areas as well. For example, by encouraging doctors to counsel their patients about the importance of eating vegetables and fruits (*reorienting health services*) we help individuals *develop personal skills*. By passing anti-smoking legislation (*building healthy public policy*) we *create a supportive environment* for people to quit smoking.

Key strategies⁹

There are a number of ways that the Canadian Cancer Society can take action in these areas. As mentioned above, health promotion programs are more effective when they take advantage of a combination of these strategies. **Note:** Health promotion facilitators should check with their Division to ensure that they have adopted all or some of these strategies.

Health communication: using the media and other technologies such as the Internet to tell people about the conditions that make them healthy. For more on health communication, see Chapter 7: "Shouting it from the rooftops: Helping volunteers get the message out there."

Health education: taking advantage of opportunities for learning about how to understand and adopt healthy life skills. For more on health education, see Chapter 3: "Moving from health education to community action for health."

Self-help/mutual aid: helping people share common experiences, situations or problems in order to offer each other support. For more on self-help/mutual aid, see Chapter 6 "Building support (Part 2): Community partnerships."

⁹ Ontario Health Promotion Resource System, Health Promotion 101 Course.
<http://www.ohprs.ca/hp101/mod1/module1c7.htm>

Organizational change: working within schools, workplaces, healthcare settings and recreational facilities to create supportive environments that enable people to make healthy choices. For more on organizational change, see Chapter 4 “Making it Work: Identifying issues and developing a health promotion plan.”

Community development and mobilization: organizing collective efforts directed at increasing *community control* over health. For more on community development, see Chapter 4: “Making it Work: Identifying issues and developing a health promotion plan” and Chapter 6: “Building support (Part 2): Community partnerships.”

Advocacy: gaining political commitment or support for a particular health goal or program. For more on advocacy, see Chapter 7: “Shouting it from the Rooftops.”

Policy development: developing law and policies that protect the health of communities and make it easier for individuals to make healthy choices. For more on policy development, see Chapter 7: “Shouting it from the rooftops.”

2. The social determinants of health

There are a number of key factors that have an enormous impact on our health and life expectancy. For example, in Canada, poor people have substantially shorter life expectancies and more illness. Canadians who live in different parts of the country (i.e. urban/rural north/south) or who come from different ethno-racial backgrounds may also have different health problems such as higher or lower rates of cancer. Often racism, homophobia and economic status create barriers to health.

These broad population-based differences in health have led researchers to identify the most powerful factors that affect health in modern societies. Over the past several decades, by observing the health of large groups of people, researchers have come to understand that our health status is very sensitive to our social environment. As a result, they defined what have become known as the **social determinants of health**. These determinants include conditions such as our income and employment level, our ethnicity, whether our childhood was healthy, our risk factors for disease and even our sense of belonging to various communities.

By influencing these factors as individuals, we can have a tremendous affect on our own health. More importantly, by influencing these factors as a society, we can improve these conditions and advance the health of our country as a whole.

The social determinants of health¹⁰

1. Income and social status	Research shows that poor people are less healthy than rich people. The way income is distributed is also important. The greater the gap between the richest and poorest people, the greater the differences in health.
2. Social support networks	Support from families, friends and communities is linked to better health. This kind of support helps people handle difficult situations.
3. Employment and working conditions	Unemployment is linked with poor health. Those who are employed are healthier when they have more control over their working conditions.
4. Education	There is a lot of research that shows that low literacy skills are linked with poor health. Moreover, people with low literacy skills can suffer from stress and reduced self-confidence. This often makes it hard for them to seek employment or social support. So, the more education we have, the more likely we are to be healthy.
5. Physical environments	Clean air and water, healthy workplaces, safe houses, communities and roads all contribute to good health.
6. Genetics	The physical characteristics we inherit play a part in deciding how long we live, how healthy we'll be and how likely we are to get certain illnesses.
7. Personal health practices and coping skills	Personal practices include whether a person eats well and is physically active and whether they smoke or drink. Coping skills are the ways we relate to the people around us and handle life's stresses and challenges. Sometimes, an individual's health practices are influenced by their background and cultural beliefs.
8. Healthy child development	There is good evidence that some of the things that happen to us when we are children affect our health and well-being. These experiences affect us not only during childhood, but also through the rest of our life cycle.
9. Health services	It benefits people's health when they have access to services that prevent disease, as well as maintain and promote health.
10. Gender	Men and women get different kinds of diseases and

¹⁰ Public Health Agency of Canada, *What Makes People Healthy?* Retrieved August 27, 2005 from: <http://www.canadian-health-network.ca/servlet/ContentServer?cid=1005630&pagename=CHN-RCS%2FCHNResource%2FFAQCHNResourceTemplate&lang=En&repGroupTopic=Determinants+of+Health+FAQ&parentid=1048540761667&c=CHNResource>

conditions at different ages. They also tend to have different income levels, and to work at different kinds of jobs. Many of these realities result from the differences in the way society treats men and women.

11. Culture

People's customs and traditions and the beliefs of their family and communities all affect their health. This is because these factors will influence what they think, feel, do and believe to be important.

3. The population health approach

Population health is a broad-based approach that considers the health of the *entire* population and not just separate individuals or specific groups. A population health approach ensures that all Canadians have an equal chance to be healthy.

A population health approach to cancer prevention has the potential to make the greatest positive difference to the cancer burden because it addresses the social determinants of health that were outlined above.

Summing it all up

This chapter has focused on health promotion, the process of enabling people and their communities to affect their own health. We have identified the many factors that affect our health (the social determinants of health) and how these factors connect with each other. The following simple story told by the Public Health Agency of Canada illustrates the role of the social determinants of health. As a facilitator, you may find it a helpful tool to use when working with health promotion volunteers.

“Why is Jason in the hospital?

Because he has a bad infection in his leg.

But why does he have an infection?

Because he has a cut on his leg and it got infected.

But why does he have a cut on his leg?

Because he was playing in the junk yard next to his apartment building and there was some sharp, jagged steel there that he fell on.

But why was he playing in a junk yard?

Because his neighborhood is kind of run down. A lot of kids play there and there is no one to supervise them.

But why does he live in the neighborhood?

Because his parents can't afford a nice place to live.

But why can't his parents afford a nice place to live?

Because his Dad is unemployed and his Mom is sick.

But why is his Dad unemployed?

Because he doesn't have much education and he can't find a job.

But why . . . ?”¹¹

¹¹ *Toward a Healthy Future: Second Report on the Health of Canadians*, Public Health Agency of Canada. Accessed August 20, 2005 from <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html>

Chapter 3

Moving from health education to community action for health

Purpose:

The purpose of this chapter is to illustrate how health education can develop into community action for health.

Key topics:

1. The importance of health education
2. Community action for health
3. Building capacity within communities
4. Reaching out to diverse communities
5. Canadian Cancer Society health promotion activities across Canada

Additional training materials (available in Section C):

- ✓ Hands On! Training Tool #5: What would you do?
- ✓ Hands On! Training Tool #6: What is *your* community?

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. Health education

As explained in the previous chapter, health promotion involves many different processes. These may include working within various spiritual, cultural and social communities to create supportive environments, advocating for healthy public policies and strengthening community action.

Health education is all about reaching out and raising public awareness about health issues. By communicating health issues to the general public, we build a foundation of understanding that will help us accomplish broader health promotion goals.

Successful health education makes use of a number of different communication tools and vehicles such as print and visual media, computer technology and existing education systems. For example, over the past several decades, the Canadian Cancer Society has played an important role in raising public awareness about the dangers of smoking and second-hand smoke. The Society has developed print materials, TV and radio ads and web-based resources and worked within schools and other community agencies and institutions.

Moving from knowledge to action

The ultimate goal of health education is to help people actually adopt healthy behaviours. For example, it is not enough to simply tell people that commercial tobacco is harmful, we must also change their attitude toward smoking and then help them develop the skills they need to quit smoking and/or to create a smoke-free environment in their communities.

There are three important steps in helping people change their health behaviour.

Step 1: Raise people's awareness about an issue. For example tell the public that UV rays are harmful and can cause skin cancer. This can be done by working with meteorologists to develop and deliver messages about UV levels.

Step 2: Change public attitudes about an issue. For example, help the public realize that they need to protect themselves against UV radiation. This can be done by showing the harmful effects of UV radiation.

Step 3: Help people develop skills necessary to actually make the changes in their behaviour and to continue them. For example teach the public how to protect themselves from the sun's harmful rays. This can be done by showing people how to cover up and the best way to apply sunscreen.

People need to be informed before they can make healthy choices. Unfortunately, this process is not as simple as it may seem. For example, when you plan your meals and buy your groceries you need to know how to make healthy choices. When you decide to take the car rather than walk you need to weigh the consequences to your schedule. There is a lot you need to think about in order to live a healthy life!

It is also important to remember that people's background or their cultural and religious beliefs may influence their healthy choices. For example, in some cultures there may be a barrier related to breast exams and mammograms. In some groups such as youth, there may be pressures to adopt unhealthy behaviours such as smoking.

Other ways to deliver health information:

The Canadian Cancer Society uses a number of education and awareness raising activities locally and across Canada such as:

- The *Cancer Information Service*, an information service where callers can receive accurate, up-to-date information in either French or English on all aspects of cancer. (1-888-939-3333)
- The Canadian Cancer Society website: www.cancer.ca which contains in-depth information about all aspects of cancer and the activities of the Society.
- The Cancer Information Survey is available in 100 languages through an interpreter service.
- Mass mailings about risk factors and health issues.
- The development and distribution of materials such as pamphlets, posters and brochures.
- Local community and fundraising events.
- Forums and presentations in public libraries, schools and community centres.
- Building on existing awareness-raising materials and events in various rural and urban and different cultural communities.
- Collaborative activities such as community partnerships to pass a smoke-free bylaw.
- Training other groups to deliver information about health such as public health professionals and doctors

2. Community action for health

“Start by doing what’s necessary; then do what’s possible; and suddenly you are doing the impossible.” St. Francis of Assisi

Community action means helping volunteers to work with friends, family and neighbours to make their communities a better place to live and work. Community action is a process that volunteers have to experience. The more involved they become, the more they will learn.

Community members can work together on all sorts of things such as building new parks and sports centres in rural towns, helping increase the availability of fresh fruits and vegetables in northern communities, working with inner-city youth on an anti-smoking campaign, limiting exposure to harmful pesticides and chemicals in cities and organizing smoking cessation programs on native reserves.

Community actions will be different in each community and will involve a unique mix of people such as ordinary citizens young and old, non-profit groups, government agencies, churches, schools, businesses, neighbourhoods, ethnic/cultural groups, non traditional faith groups, disabled folks, individuals with different sexual preferences, etc. These groups may or may not share common values, interests and beliefs.

Some examples of how the Canadian Cancer Society can get involved in upstream community action for health across Canada:

- ★ A group of rural high school students band together with teachers, nutritionists and the Canadian Cancer Society to replace unhealthy snacks with healthy choices in school vending machines and school cafeterias.
- ★ Canadian Cancer Society volunteers work in urban centres with low income, single mothers to help them plan low-cost nutritional meals for their children.
- ★ Cancer survivors and their families and friends work with the Canadian Cancer Society and health professionals provincially, nationally and locally to advocate for eliminating the sale of commercial tobacco products to teens.
- ★ Members of a local native community in the Northwest Territories work with the Canadian Cancer Society to help Aboriginal teens understand the difference between the traditional use of tobacco and smoking commercial tobacco.
- ★ Local lifeguards work with the Canadian Cancer Society to promote the use of sunscreen and shade on local beaches and in provincial parks.
- ★ Local parents ask the Canadian Cancer Society to help them convince the city to pass a bylaw that limits the use of pesticides.
- ★ A local public health unit works with the Canadian Cancer Society to recruit women from within the Asian community to raise awareness about cancer risk factors.
- ★ Members of the Farsi (Iranian) speaking community invite the Canadian Cancer Society to participate in a community health fair to raise awareness and reduce cultural barriers to breast and cervical health.

The joy of community action

When communities work together they experience some important benefits:

- ✓ Community members feel a stronger sense of belonging and commitment.
- ✓ Community members develop the knowledge, skills and resources to address issues in their own neighbourhood.
- ✓ The individual health of community members improves.
- ✓ The overall health of the community improves.

3. Building capacity within communities

In order to make change, communities must have the appropriate tools. They need to build their capacity in four important areas:

1. **Identifying community issues:** Communities must be able to identify key issues that are important to them. No one else knows a community's needs, hopes and dreams better than its own members, but sometimes they need help in sorting these issues out and deciding which need to be addressed first.
2. **Finding solutions:** Communities need expertise to find the right solutions. They need to determine:
 - ✓ What kind of resources they need to address an issue
 - ✓ What assets and strengths are already in place
 - ✓ What barriers may prevent them from achieving their goals
3. **Working on the solutions:** Communities need resources such as time and money to make positive change. They need to make plans, be organized and stay on track. Communities need leadership.
4. **Creating lasting, positive change:** Communities must have the capacity to continue to work on issues even when they encounter setbacks. Sometimes even the most straightforward community development activities get bogged down and people lose interest because they don't see the results of their actions right away.

For more information on helping volunteers build capacity within communities, see Section C of the *Facilitator's Guide*.

4. Reaching out to diverse communities

Before we can begin to include diverse communities in our health promotion programs we have to understand them. This allows us to develop connections, engage in two-way learning and forge new relationships. When we develop linkages with new communities we haven't worked with in the past, we open the door for additional volunteers to help deliver our health promotion activities.

A community is about...

- geography – where you live, your neighbourhood, rural versus urban
- culture – aspects of our identity such as sexual orientation, ethnicity or age
- language
- beliefs – which can be personal or religious/spiritually based
- shared interests
- age – the elderly, teens, and even young children can be considered a community

We all belong to more than one community, i.e. neighbourhood, religion, etc,

Here are some key ingredients that will help volunteers successfully reach out to a variety of communities:

- Get to know communities and their histories
- Learn from others internally and externally about successful and unsuccessful initiatives
- Build on strength, skills, knowledge and abilities
- Use a responsive and flexible approach
- Develop trust – a community may be skeptical about why they are being approached especially if they have not been served well in the past
- Communicate – let the community know who we are and how we can serve them
- Be responsible and up front about what we can and can't do – know your limitations
- Be willing to share power and empower communities – genuine openness to learning, trying out new ways of doing things – question traditional ways of doing business
- Ask questions rather than imposing answers
- Provide a variety of options for participation
- Work to overcome barriers to communication i.e. stereotypes, jargon
- Look for common ground and areas of agreement

5. Canadian Cancer Society health promotion activities across Canada

Here are some health promotion activities that have taken place at Canadian Cancer Society Divisions across Canada. **Note:** This list contains only a small sampling of the many upstream activities that are taking place.

Volunteers and staff in Newfoundland have:

- Worked with local high school groups in raising awareness about pesticides and its risks.
- Presented information to the City of St. John's municipal government on the risks related to pesticides as well as the provincial government
- Become involved with Kids Eat Smart program, a registered charitable organization that helps establish and support community based, volunteer-delivered nutrition programs for school-aged children and their families throughout Newfoundland and Labrador.
- Set up SunSense displays at local events, festivities, golf tournaments as well as at concerts. Presentations occur at day cares, primary, elementary and secondary schools, summer camps, etc.

- Created **healthy living kits** that focus on the key components of cancer prevention and distributed them to families via schools, organizations and community groups.

Volunteers and staff in Nova Scotia have:

- Played a lead role in the Halifax Regional Municipality's deliberations concerning an ornamental pesticide ban.
- Organized a variety of promotional activities related to healthy eating.

Volunteers and staff in Prince Edward Island have:

- Been involved in an ongoing project to create sun safe policies at Island Day Cares.
- Established Healthy Eating programs through an Access to Safe and Healthy Foods committee and an Education Working Group.

Volunteers and staff in New Brunswick have:

- Provided scripted presentations on topics such as tobacco, healthy eating, SunSense and skin cancer
- Offered an online tool for workplaces who wish to promote CCS messages about cancer prevention (Workplace Wellness Toolkit).
- Formed a group called Teens Against Tobacco Use (TATU).

Volunteers and staff in Quebec have:

- Organized a regional conference tour of a famous prevention and health promotion specialist.
- Organized a program called Escouades Ô soleil which provides educational entertainment for kids and their families (4 to 12) in playing fields, kindergartens, swimming pools, community fairs.
- Planted shade trees.
- Provided SunSense awareness activities in big Quebec summer festivals.

Volunteers and staff in Ontario have:

- Been very active at the local level in the development of by-laws to ban the cosmetic use of pesticides.
- Organized a variety of tobacco control activities as part of their membership in the Ontario Tobacco-Free Network.
- Worked to raise awareness at local levels by various methods to reach individuals and families within diverse communities.

Volunteers and staff in Manitoba have:

- Planned a speaker's bureau on primary prevention.
- Developed a sun awareness program for young children and their parents.

Volunteers and staff in Saskatchewan have:

- Worked with public health nutritionists to promote healthy eating.
- Developed the Pack O'Poison pilot – a classroom resource to teach grade 6 students and their families about the harmful ingredients in cigarettes.
- Worked with *Saskatchewan in motion* to promote physical activity.
- Provided copies of SunSense pamphlet to each pharmacy in Saskatchewan.
- Partnered with Institute for Agricultural Rural and Environmental Health to distribute Seven Steps To Health wallet cards to farm families throughout the province.

Volunteers and staff in Alberta have:

- Provided information on a variety of issues.
- Participated in prevention/healthy lifestyles provincial alliances.

Volunteers and staff in British Columbia have:

- Developed an interactive program called *Promote Health – Prevent Cancer* to educate individuals, families and communities about making healthy choices.
- Hired Health Promotion Coordinators and Community Action Coordinators throughout the province to work with communities to develop healthy communities and address risk factors.
- Organized a number of advocacy initiatives related to tobacco control including two Member of Parliament breakfasts in the capital, Victoria.

Section B

WORKING WITH VOLUNTEERS TO BUILD HEALTHY COMMUNITIES



“No problem is insurmountable. With a little courage, teamwork and determination a person can overcome anything.” B. Dodge

This section gets down to the business of planning and organizing health promotion programs. It provides details on how to help volunteers identify issues and develop a health promotion plan, how to build support by recruiting and training health promotion volunteers and through building community partnerships, how to help volunteers get the message out there, how and when to advocate for cancer risk reduction and how to measure success. The information in this section should be used by health promotion facilitators to help them work with health promotion volunteers who will be working on the front lines in their communities.

Chapter 4

Making it work: Identifying issues and developing a health promotion plan

Purpose:

This chapter gets down to the basics of how facilitators can help volunteers work within their communities to improve health.

Key topic:

A step-by-step project management approach to identify and take action on health issues in community settings

Additional program planning tools (available in Section E):

- ✓ Hands On! Program Planning Tool #1: Community issues summary
- ✓ Hands On! Program Planning Tool #2: Forming a community dream team
- ✓ Hands On! Program Planning Tool #3: Activity selection form
- ✓ Hands On! Program Planning Tool #4: Activity work plan

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

How to identify and plan for action on health issues in your communities

Note: The following information assumes that the Canadian Cancer Society will be taking a leadership role. In some cases, the leadership may come from other groups in communities.

The project management approach:

Utilizing a project management approach will help your volunteers understand the complexity of issues as each new initiative is undertaken. For example, stopping teenage smoking overall is more complicated than working with a local high school to raise awareness about the harmful effects of smoking and second-hand smoke. In order to be effective, stopping teenage smoking overall would need to consider aspects such as peer pressure, access to commercial tobacco, family influences, school policies around smoking, etc.

In order to define projects clearly and set realistic goals, you and your volunteers will need to ask questions such as the following: What is the problem? What are the critical success factors? What are potential solutions? With whom can we partner? Who will oppose our initiative? What are some short- and long-term objectives.

What resources are required? What do we want to achieve? These types of questions are integrated into the planning process that is outlined in this chapter.

Step 1: Do your homework

Use internal resources (Canadian Cancer Society volunteers and staff), Intranet, as well as the Internet, community newspapers/media to determine:

- What are other organizations doing, what health promotion initiatives are already being done with the community? Develop a local list of media, religious organizations, associations and other organizations for future reference.
- Are there any health-related statistics for the community and the unique groups who live within it?
- Knowledge about the community and its members. Is there anything you should be aware of in terms of protocol, histories, do's & don'ts?
- Is there any history (positive or negative) within the Canadian Cancer Society - in your region or another region?

If you are going to reach diverse groups, demographics are key. Look at census information, go to your local health department or city hall. Learn about the history of particular communities; their traditions, ways of working and any history with the Canadian Cancer Society. For example, Aboriginal communities have extensive history that includes aspects such as special ceremonies, role of elders, sacred medicines and protocol.

Remember, communities are made up of numerous sub groups (with different beliefs/attitudes etc) on a number of issues. Don't make generalizations based on the responses you receive.

Step 2: Talk about it!

Communities find out about issues when people come together and talk about them and then go home and talk about them some more with their friends and families. When people connect, they share their concerns and build relationships. It is important to ensure that communities who may not have always fit in are also included, for example, Francophone, Aboriginal, other minority religious and cultural groups, individuals with different sexual orientation, etc.

Canadian Cancer Society volunteers can help their communities identify health issues. To be successful, they will need help from facilitators to ensure that they bring together a lot of different types of people and groups with different backgrounds, beliefs, interests and concerns.

For example:

- ✓ Voluntary and non profit groups
- ✓ Boards of directors and staff of community agencies
- ✓ Youth groups
- ✓ Government representatives
- ✓ Businesses such as stores and restaurants
- ✓ Women's groups and men's groups
- ✓ Faith groups
- ✓ Various and diverse cultural groups

- ✓ Sports and fitness clubs
- ✓ Hobby clubs
- ✓ Health groups
- ✓ Schools
- ✓ Media
- ✓ People with different sexual orientations

There are many different ways that people can come together to talk about issues:

- ❖ Community hall meetings
- ❖ Cultural gatherings
- ❖ Places of worship
- ❖ Religious events
- ❖ School forums
- ❖ Potluck suppers
- ❖ Community celebrations and fairs
- ❖ Coffee parties
- ❖ Workshops
- ❖ Health fairs that target diverse communities

During this early phase it will be extremely important to listen to the voices of different groups and understand how they communicate. Different groups have different terms they use to describe their bodies and/or health issues. The most obvious example is teens and youth who may use various slang terms for parts of their body, their sexuality, etc.

Step 3: Define it!

People within communities usually come together because they are already concerned about an issue or problem such as environmental hazards, second-hand smoke or access to healthcare. Even if the community has already identified a concern, they will still need to focus their efforts.

No one knows communities better than their members. It will be important to let all members be heard in the discussion including groups that may not traditionally fit in such as people with disabilities, people from different cultures and people with different sexual orientation.

To help communities focus, they will need to answer the following questions:

- What exactly is the issue/problem?
- Who is affected?
- What evidence do we have that about the issue?
- How important is the issue?
- Is the community ready to take action?
- What are the steps we need to take to solve the problem?

Prioritize – we can't do it all. Build on connections already made and choose one or two demographically significant issues and/or communities who haven't been reached/involved in the past

Hands-on! Tip: Use the "Community Issue Summary" form provided in Section E: Hands On! Program Planning Tools to help volunteers further define their issues.

Step 4: Recruit a team!

It will be important for facilitators to work with volunteers to decide what members of communities are willing to work more intensively together on the issue. It will also be important for them to decide if these people need further information and training.

Other groups in the area with similar goals should be contacted. For example, if the message is about smoking and second-hand smoke, consider involving the Lung Association, the Heart and Stroke Foundation or local health authorities.

Other community members that may want to participate in the event such as other volunteers, agency staff or professionals with an interest in the subject should be included.

Sometimes volunteers may want to form a health promotion partnership. Section B: Chapter 6 can help with this.

Hands-on! Tip: Use the "Coming Together" form provided in Section E: Hands On! Program Planning Tools to help volunteers ensure they recruit all the help they need.

Step 5: Select an activity!

Once the issue has been defined and a team has been recruited to work on it, the group will need to decide exactly what they want to do. Here are some activity ideas based on a number of different issues and potential target groups.

Need inspiration? Here are 30 ways to take upstream action in communities on cancer risk reduction

1. Work with sports groups, nutritionists and teachers to promote healthy eating and active living in school aged children and youth and their families.
2. Form a coalition of local cultural, spiritual or social groups who want to help people make healthier lifestyle choices.
3. Observe special theme months to raise awareness of healthy living in your communities and schools. (For example March is Nutrition Month.)

4. Work with schools to start up a healthy breakfast, snack or lunch program. Remember to consider the unique dietary practices of the communities involved.
5. Implement an active living challenge where community members keep track of how much physical activity they do in a day.
6. In urban areas, encourage a neighborhood “walk to school group”. Available adults can take turns walking a group of children to school instead of driving them. In rural or northern communities consider a “walking school bus” where children are occasionally let off the bus a bit further away and participate in a supervised walk to school.
7. Promote food programs such as community gardens or community kitchens for individuals and families who have trouble getting healthy foods. Again, remember to consider the unique dietary practices of the communities you have involved.
8. Organize and set up SunSense booth at a local Earth Day or gay pride event.
9. Work with your municipal government to implement a pesticide bylaw.
10. Share success stories that profile the efforts of local schools or community groups that are working to make the environment healthier.
11. Contact a school or teacher to offer a talk about the importance of SunSense and how we can practice SunSense everyday.
12. Work with the local parks and recreation department in communities to raise awareness about SunSense.
13. Organize the distribution of SunSense bookmarks or sunscreen samples at outdoor events or festivals.
14. Organize the distribution of Canadian Cancer Society resources at local spiritual, cultural and social community events and workshops such as quiz sheets, colouring activity books, bookmarks, videos, overhead presentation, etc.
15. Get the messages out about cancer prevention and health promotion by offering a presentation or activity that promotes healthy eating and active living. Remember to target special groups such as Aboriginals, low income families, or spiritual groups.
16. Have a healthy recipe contest or a low fat recipe makeover contest at a school or workplace.
17. Work with local workplaces to organize fruit and vegetable potluck lunches. Include recipes from a variety of cultural groups.
18. Organize a “Five to Ten -A-Day Vegetable and Fruit” challenge at workplaces, schools or various cultural, spiritual and social groups.
19. Challenge families within the community to “Turn off the TV” for a day or a week and discuss the results.
20. Work with organizers of a Fall Fair in a rural community to ensure that healthy food choices are provided and the event is smoke-free.
21. Encourage community members and individual restaurants, malls and other public places to eliminate designated smoking rooms and second-hand smoke.
22. Celebrate Weedless Wednesday in January by promoting smoking reduction presentations in schools and various communities.
23. Write letters to support pharmacies that choose not to sell commercial tobacco products.
24. Promote the Smokers HelpLine within the Aboriginal community.
25. Meet with politicians to advocate for smoke-free legislation.

26. Write letters to the editor in support of community initiatives that promote healthy living.
27. Promote a 6-week New Year's Healthy Living Challenge at work or at home. Celebrate successes.
28. Participate in a health fair being organized by a local cultural or religious group.
29. Organize a weekly neighbourhood baseball game.
30. Work with a local health unit to raise awareness among new immigrants and their families about healthy living and early detection.

Note: See Chapters 1 and 3 for some additional examples of upstream health promotion activities that are being carried out across Canada by Canadian Cancer Society Divisions.

Hands-on! Tip: Use the "Activity Selection Form" provided in Section E: Hands On! Program Planning Tools to help your volunteers plan their activity.

Step 6: Make a plan!

Once the activity has been decided on volunteers will need guidance from facilitators to think ahead about what needs to be done. For example, if they are holding a special event, they will need to take the following steps:

- ✓ Obtain or design a promotional poster or other publicity tool such as a flyer, media release, etc.
- ✓ Reserve the event space, For example local community centre, church, etc.
- ✓ Reserve audio visual equipment.
- ✓ Order refreshments.
- ✓ Get nametags, pens, pencils.
- ✓ Check the room ahead of time.
- ✓ Invite a guest speaker.
- ✓ Hang or distribute posters.
- ✓ Follow up on publicity activities such as media interviews, etc.
- ✓ Assemble materials.

Here are some factors that will help ensure that diverse communities are included:

- ✓ Look for an accessible venue.
- ✓ Consider sign language/multilingual interpreters if needed.
- ✓ Consider food, i.e. kosher, vegetarian.
- ✓ Consider a venue that is seen by the community as a safe and familiar space. Take the message into the community rather than expecting them to come to you. For example if you are reaching out to the gay and lesbian community ensure that your venue is seen as a "positive" space.
- ✓ Recruit representatives of the communities you are reaching out to in your event planning.

Hands-on! Tip: Use the “Activity Work Plan” provided in Section E: Hands On! Program Planning Tools to help your volunteers plan the specific steps of their activity.

Check the work plan and schedule frequently and make sure the group stays on track.

Step 7: Alert the media

In some cases, it will be beneficial for facilitators to encourage volunteers to involve the media in the issue or activity. Remember to always work with the local office of the Canadian Cancer Society. For more on working with the media, see Chapter 7.

Step 8: Gather resources

The Canadian Cancer Society has a wide variety of written resources that can be used. Local offices can help to decide what resources are needed. Remind your volunteers that they will need to make sure to order them at least two or three weeks ahead of time.

Step 9: Take action!

This may involve holding an event, working with local government, even building a structure. Whatever the activity, remember the following “words from the wise”:

- ★ There is usually more than one way to do something.
- ★ Action and change can happen at many levels (within individuals and families, at home, in schools, through laws and policies).
- ★ Build community’s strengths and assets that can contribute to the process.
- ★ Involve young people to bring creative energies that fuel the process.
- ★ Involve individuals, families and groups from diverse backgrounds.
- ★ Encourage fun and friendship to help stay motivated and engaged.
- ★ Acknowledge everyone’s contribution no matter how small.
- ★ Share the load.
- ★ Celebrate successes and victories!

Step 10: Follow-up

It will be important to encourage volunteers to thank everyone who was involved in the activity such as anyone who helped organize and carry out the activity, guest speakers, etc. Volunteers should ask for feedback. What could have been done better next time? Were the resources sufficient? They should make note of these for next time.

For more information on how to evaluate your volunteers’ success see Chapter 8 “Staying on track: Measuring your success.”

Chapter 5

Building support (Part 1): Recruiting and training health promotion volunteers

Purpose:

The purpose of this chapter is to provide health promotion facilitators with information that will help recruit and train successful health promotion volunteers in their communities.

Key topics:

1. Your role as a facilitator
2. The role of the health promotion volunteer
3. How to recruit health promotion volunteers
4. How to train health promotion volunteers

Additional training materials (available in Section C):

- ✓ Hands On! Training Tool #7: The story doesn't end here
- ✓ Hands On! Training Tool #8: An exercise in balance

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. Your role as a facilitator

The health promotion volunteer facilitator may be a paid staff position or a leadership volunteer position. (In some provinces, there may be two separate positions, both volunteer and staff.) Its key function is to work with health promotion volunteers from communities to coordinate a program that promotes healthy lifestyles and cancer risk reduction.

Note: The following responsibilities and skills may vary among each Division of the Canadian Cancer Society.

Potential responsibilities

Program planning and organization:

- ✓ Identify community issues and opportunities related to healthy lifestyles and cancer risk reduction.
- ✓ Plan and organize activities related to health promotion issues.
- ✓ Work with Society staff and volunteers to integrate health promotion plans within Society goals and objectives.
- ✓ Contribute to annual program planning, budgeting and review as appropriate.

Program delivery:

- ✓ Support health promotion volunteers in the implementation of prevention, health promotion and information activities.
- ✓ Schedule the use of displays and resource materials and order materials when necessary.
- ✓ Report regularly about program activities.

Program outreach:

- ✓ Outreach to target groups, handle requests for workshops and follow up activities as necessary.
- ✓ Promote partnerships and collaboration on prevention, health promotion and information activities within communities.
- ✓ Represent the Society and cancer related issues in community coalitions related to prevention, health promotion and cancer information as appropriate.

Volunteer development:

- ✓ Assist designated staff and volunteers with the recruitment and selection of health promotion volunteers.
- ✓ Work with Society staff and volunteers to ensure volunteers receive training and continuing education. This may include: scheduling training events, identifying topics for continuing education and facilitating access to continuing education opportunities.
- ✓ Manage issues that may arise related to volunteer performance, in consultation with the Division designated staff and volunteers as necessary.

Skills and experience:

- ✓ Knowledge of and commitment to the mission and services of the Canadian Cancer Society.
- ✓ Interest or knowledge in one or more areas of cancer prevention, healthy lifestyle choices, health promotion, program development, strategic planning, community development or evaluation.
- ✓ Good organizational skills, detail oriented and successful in collaboration with diverse teams
- ✓ Good communication and interpersonal skills, and interest and/or experience in presenting information and facilitating groups.
- ✓ Effective team-building skills and ability to resolve conflicts.
- ✓ People oriented: comfortable interacting with a wide variety of people and groups.
- ✓ Interest and/or experience in promotion, program marketing and public relations, customer service and commitment to quality.
- ✓ Knowledge of unique groups within communities, For example cultural, urban, rural, etc.
- ✓ Experience supporting and training volunteers.
- ✓ Dependable and reliable.
- ✓ Access to reliable transportation.
- ✓ Comfortable using computers and software programs such as PowerPoint and e-mail. Access to computer and the Internet.

2. The role of the health promotion volunteer

The key function of the health promotion volunteer is to work within their communities to promote healthy lifestyles and cancer risk reduction.

Note: The following responsibilities and skills may vary among each Division of the Canadian Cancer Society.

Potential responsibilities

- ✓ Identify community issues and opportunities related to healthy lifestyles and cancer risk reduction.
- ✓ Plan and organize activities and presentations within their communities that raise awareness about healthy lifestyles and cancer risk reduction.
- ✓ Provide up-to-date information that accurately reflects the Canadian Cancer Society's position on a variety of health promotion issues through activities such as displays, events and presentations.
- ✓ Respond to requests for health promotion information from various communities.
- ✓ Identify and contact organizations that promote healthy lifestyles and work with them in partnership.
- ✓ Reach out to diverse and hard-to-reach audiences.
- ✓ Engage the public at events using appropriate displays and resource materials.
- ✓ Attend training sessions and keep up-to-date on current issues related to healthy lifestyles and cancer risk reduction.
- ✓ Ensure questions or issues raised at events are answered at the event or referred to the *Cancer Information Service*.
- ✓ Work with other Canadian Cancer Society program areas (such as fundraising) when possible
- ✓ Communicate with Canadian Cancer Society staff and leadership volunteers as necessary.
- ✓ Report on activities.

Skills and experience:

- ✓ Knowledge of and commitment to the mission and services of the Canadian Cancer Society.
- ✓ Interest or knowledge in one or more areas of cancer prevention, healthy lifestyle choices, health promotion, program development, strategic planning, community development or evaluation.
- ✓ Willingness to commit time to attend meetings and assist with health promotion activities.
- ✓ The ability to work in partnership with other volunteers, organizations and community groups.
- ✓ Interest and/or experience in presenting information and facilitating groups.
- ✓ Good communication and interpersonal skills.
- ✓ Willingness to learn new skills.
- ✓ The ability to work as a team member.
- ✓ People oriented: comfortable interacting with a wide variety of people and groups.
- ✓ Dependable and reliable.
- ✓ Access to reliable transportation.

3. Recruiting health promotion volunteers¹²

Most volunteers give their time freely to contribute in meaningful ways because they feel motivated to do so. There are many benefits to becoming a Canadian Cancer Society health promotion volunteer. Volunteers will learn new skills and enhance their existing ones. They will receive ongoing training and continuing education about risk factors, prevention strategies, health education, marketing, public speaking and group facilitation. The list goes on and on!

For Canadian Cancer Society health promotion volunteers, helping to contribute to cancer prevention and early detection makes up a great part of their motivation. Health promotion volunteers may also be motivated because they wish to gain experience in community development, health education and/or advocacy.

Whatever the motivation is, effective recruitment should be a process of presenting opportunities for volunteers so that they can do what they *want to do*, rather than trying to persuade them to do what they *do not want to do*. We can achieve this by describing and communicating roles accurately, by communicating these opportunities in a favourable light and by placing volunteers in suitable roles.

The recruitment process

You will find health promotion volunteers in all corners of your communities and from all walks of life. They may be retired educators, young mothers, fitness consultants or public health professionals and they may come from a variety of different faiths, cultural or ethnic groups – basically, they can be anyone with an interest in healthy lifestyles.

Recruiting health promotion volunteers will be an ongoing process that requires planning. Time should be spent focusing on how to attract those most qualified and passionate about the health promotion cause and should reflect various spiritual, cultural and social community groups.

Create a recruitment plan

To be most effective, it is a good idea to put your recruitment plan on paper. Your written plan should include:

- A clear outline of your recruitment goals.
- What needs to be done in order to reach those goals (strategies and key players).
- When the steps can be realistically accomplished (timelines for various aspects of the plan).
- Budget considerations.

See below for a sample recruitment plan. Remember, this plan will be a working document that changes as your recruitment process unfolds. The plan will also serve as a foundation for the evaluation of the recruitment strategies you will use.

¹² Adapted from the Ontario Division Volunteer Development Manual.

Diversity in recruitment: A must for health promotion

In order for your community health promotion programs to be successful, it is very important that facilitators recruit volunteers who reflect the unique needs of their communities and are suited to the type of health promotion activities they will carry out. It is important to keep in mind that various cultural and religious groups have different beliefs and approaches to what makes them healthy. For example, in some cultures a woman's modesty may prevent her from obtaining a mammogram. Other cultures (I.e. Aboriginal, Pagan, Wiccan) may view the body in a more holistic way and prefer alternative more natural, herbal based preventative practices.

Once you have a clear idea of your requirements, you will need to take the time to recruit the appropriate health promotion volunteers. Diversity is all about considering factors such as ethnicity, ancestry, political belief, religion, marital status, physical or mental ability, gender, sexual orientation and age. Here are some ideas that will help ensure you recruit diverse volunteers:

- Don't limit yourself to mainstream media – utilize a variety of community newspapers and radio stations to reach a broader audience.
- Advertise volunteer opportunities in journals and/or newsletters, and websites of organizations targeting diverse communities.
- Work with existing volunteer networks from diverse communities who might help to link to others who may be interested in volunteering.
- Consider holding volunteer information sessions in different venues, for example organizations that serve a variety of communities.

Remember to target community leaders from within the diverse communities you are trying to reach to be your guide and champion. That way, you will learn about relevant issues, approach, health interests, communication methods and priorities.

A Sample Health Promotion Volunteer Recruitment Plan

The need	The approach	Target audience	Action steps	Timeline	Considerations
Six new health promotion volunteers	Ad in volunteer section of local newspaper.	Individuals with an interest in healthy lifestyles and cancer risk reduction.	✓ Develop the recruitment message.	Sept./Oct.	What should the message be?
	Meetings with local community groups. For example cultural centres, running clubs, etc.		✓ Develop recruitment poster.	Sept./Oct.	What format should it be in?
			✓ Contact local newspaper to place ad.	Sept./Oct.	What will work?
			✓ Post recruitment poster.	Sept./Oct.	Build in time to order materials if necessary.
	Recruitment poster in local fitness centres, health clubs, grocery stores and community centres.		✓ Develop intake procedure for initial response.	Oct.	For new materials, build in time for use of logo approval.
			✓ Develop script for telephone follow-up.	Oct.	
			✓ Devise/implement screening and training process.	Oct./Nov.	
			✓ Evaluate.	Feb/Mar	

4. Training health promotion volunteers¹³

Why is training important?

Training is the process of providing health promotion volunteers with the ability to perform their role in promoting cancer prevention and early detection. Even when highly skilled, experienced individuals are chosen for a role, those individuals still need to adapt their skills to their new role. For example, even if you are able to recruit a retired public health nurse, that person will still need to learn what the role of a Canadian Cancer Society health promotion volunteer will be and may also need to learn additional skills specific to this new role. For some volunteers who are hesitant about taking on certain tasks because they are not sure they have the needed skills, training takes away some of their fears and it builds their confidence.

Training ensures that both the volunteer and the organization work together effectively. Initial and on-going training sessions are instrumental in ensuring a volunteer's satisfaction and success.

What kind of training should you offer?

All Canadian Cancer Society volunteers need a good basic understanding of the work of the society. In addition, the following are the recommended learning objectives for health promotion volunteers:

Key Topic	Learning Objectives	Resource	Training Tools
Cancer risk reduction	What is cancer? Cancer risk factors Taking action to reduce risk Health promotion and cancer risk reduction Key messages related to cancer risk reduction	Chapter 1: "An ounce of prevention is worth a pound of cure: the good news about cancer risk reduction"	Hands-on! Training Tool #1: Stomp Out Cancer! #2: Moving from the one to the all
The meaning of health promotion	The meaning of health promotion The social determinants of health The population health approach	Chapter 2: "Understanding the meaning of health promotion"	Hands-on! Training Tool #3: Laying the groundwork #4: The Health Race
Moving from health education to community action for health	<ul style="list-style-type: none">• The importance of health education• Community action for health• Building capacity within communities	Chapter 3: "Moving from health education to community action for health"	Hands-on! Training Tool #5: What would you do?
Identifying issues and developing a	A step-by-step approach to identify and take action on	Chapter 4: "Making it work: Identifying	Hands-on! Training Tool #6: What is

¹³ Adapted from the Ontario Division Volunteer Development Manual

Key Topic	Learning Objectives	Resource	Training Tools
health promotion plan	health issues in community settings	issues and developing a health promotion plan.	YOUR Community Hands-on! Program Planning Tools #1 - 5
The role of the health promotion volunteer	The role of the health promotion volunteer	Chapter 5: "Building support (Part 1): Recruiting and training health promotion volunteers"	Hands-on! Training Tool #7: The story doesn't end here Hands-on! Training Tool #8: An Exercise in Balance
Community partnerships	<ul style="list-style-type: none"> • Why partnerships are important • Types of partnerships • The advantages and disadvantages of partnerships • The steps in creating a successful partnership • The keys to successful partnerships • Guidelines for Canadian Cancer Society health promotion partnerships 	Chapter 6: "Building support (Part 2): Community partnerships"	Hands-on! Training Tool #9: What can you contribute? Hands-on! Training Tool #10: Are you ready for partnership?
Working with the media	<ul style="list-style-type: none"> • The importance of using the media in the delivery of health promotion activities • How to talk to the media • Other ways to get the message out 	Chapter 7: "Shouting it from the rooftops"	Hands-on! Program Planning Tool #6: Health promotion volunteer media watch
Advocacy	<ul style="list-style-type: none"> • How health promotion messages can evolve into advocacy messages • The role of the Canadian Cancer Society in advocacy about cancer risk reduction • The definition of advocacy, issue and policy • Types of advocacy activities 	Chapter 7: "Shouting it from the rooftops"	
Evaluation	<ul style="list-style-type: none"> • Why evaluation is important for health promotion • The basic definition of evaluation • The principles and values of community evaluation 	Chapter 8: "Staying on track and measuring your success"	

Key Topic	Learning Objectives	Resource	Training Tools
	<ul style="list-style-type: none"> The different types of evaluation How to evaluate your health promotion program 		

In addition to their training in health promotion, you may find that health promotion volunteers will need training specific to the subject area in which they will be engaged such as anti-smoking, healthy eating, etc. To determine what specific training health promotion volunteers require, consider the following questions:

1. What *information* do they need to successfully perform the work? For example do they need specific information about the tobacco message or the healthy food choices message? Do they need information about the communities or the target groups they will be working with?
2. What *skills* do they need to successfully perform the work? For example will they need to learn more about community development, public speaking, advocacy, media awareness?
3. What *attitudes* or *approaches* do they need to successfully perform the work? For example will they be approaching a special target group that requires sensitivity to health or disability issues?

Important note: The *Guide* provides only very basic information on our key health messages such as smoking reduction, healthy food choices, early detection of cancer, UV protection or sun safety. For the latest information on these issues, always consult the Canadian Cancer Society's web site: www.cancer.ca.

A brief overview of adult learning principles¹⁴

Listed below are seven characteristics of adult learners that describe what will best help them to learn. Consider what implications these characteristics have when you are planning volunteer training sessions.

Adult students are mature people and prefer to be treated as such. They learn best in a democratic, participatory and collaborative environment. They need to be actively involved in determining how and what they will learn, and they need active rather than passive learning experiences. They are self-reliant learners and prefer to work at their own pace.

Adults have needs which are concrete and immediate. They tend to be impatient with long discourses on theory and like to see theory applied to practical problems. They are task or problem-centred rather than subject-centred. This doesn't mean they are not interested in theory—they must also see the practical application of the theory. Their learning is not complete until it is expressed in appropriate action.

¹⁴ Adapted from *How Students Learn*, The University of New South Wales, Faculty of the Built Environment. (Ontario Division Volunteer Development Manual)

Adults are more impatient in the pursuit of learning objectives. They are less tolerant of “busy work” that does not have immediate and direct application to their objectives. If it is not relevant to their needs then they aren’t very interested.

Adults have useful past experience. They are more realistic and have insights about what is likely to work and what is not. They are more readily able to relate new facts to past experience.

Adults enjoy having their talents and information made use of in a teaching situation. They bring their own experiences and knowledge into the classroom, which they like to use as a resource for learning—give them practical learning activities to build on and use their prior skills and knowledge.

Adults are intrinsically motivated. They are motivated by internal incentives and curiosity, rather than external rewards. They are also motivated by the usefulness of the material to be learned and learn better when material is related to their own needs and interests.

Adults are sometimes fatigued when they attend sessions. They therefore appreciate teaching devices that add interest and sense of liveliness, variety of method, audiovisual aids, change of pace and sense of humour—strategies that will make the learning process easier.

Chapter 6

Building support (Part 2): Community partnerships¹⁵

Purpose:

This chapter is all about partnerships: how facilitators can help volunteers develop and build them and most importantly, how to keep them going.

Key topics:

1. Why partnerships are important
2. Types of partnerships
3. The advantages and disadvantages of partnerships
4. Some examples of existing Canadian Cancer Society partnerships
5. The steps in creating a successful partnership
6. The keys to successful partnerships
7. Guidelines for Canadian Cancer Society health promotion partnerships

Additional training materials (available in Section C):

- ✓ Hands On! Training Tool #9: What can you contribute?
- ✓ Hands On! Training Tool #10: Are you ready for partnership?

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.
2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. Why partnerships are important

As the Beatles said so perfectly, it helps to “get by with a little help from your friends.” Helping volunteers to develop, build and maintain partnerships between and within communities is one of the best ways facilitators can ensure that health promotion volunteers will achieve their long-term goals.

Health promotion partnerships are formed for many reasons:

- To take action on health issues, solve existing problems and share limited resources.
- To avoid duplication and wasted effort.
- To meet a specific need. For example, a local health department may want to work with in communities to establish a non-smoking bylaw.
- To build upon an already existing activity. For example to work with a local anti-poverty coalition to enhance their food distribution program by providing guidelines for healthy eating.
- To pool resources for greater impact. For example, the Canadian Cancer Society often joins with local heart and lung organizations to fight the tobacco industry.

¹⁵ Some of this material is based on “The Partnership Handbook” 1997 by Human Resources Development Canada.

Sometimes people believe that partnerships will be the answer to all problems and that, ultimately, they will save money, time and effort. This is not necessarily true. Health promotion partnerships require different ways of thinking about health issues and behaviour change. They take time and effort to build and may even need more resources than going it alone.

In spite of these drawbacks, partnerships are a wonderful way to achieve health promotion action in communities. They are the best way to ensure that communities are fully involved and your outcomes are of value to everyone.

Note: Sometimes there are occasions when it is not advantageous to form a partnership or there may be groups with whom it is not appropriate to form an alliance with. Always check with your Divisional or Regional staff support if you have any questions or concerns before embarking on a partnership. The Canadian Cancer Society Guidelines for partnership and collaboration in health promotion later in this Chapter also provide useful information that you should be aware of.

2. What is a partnership?

A partnership is a relationship where two or more parties with similar goals form an agreement to share the work, share the risk and share the results.¹⁶ Simply put, a partnership is an agreement to do something together that should benefit all involved.

Partnerships can be short-term or long-term. They can be simple or complex. They can be formed for any number of reasons such as an annual tree planting day to promote shade or ongoing debates about a pesticide bylaw.

Partnerships usually share these characteristics:

- shared authority
- joint investment of resources
- mutual benefits
- shared risk, responsibility and accountability

Health promotion partnerships can range from informal partnerships based on cooperation, to more formally coordinated services and even carefully thought out and established collaborations that operate according to signed agreements.¹⁷

3. The advantages of partnering for health promotion

Partnerships are especially important in community health promotion activities. As we have covered in earlier chapters, in order to reduce the risk of cancer, volunteers will need to move from a narrow focus on individual behaviour alone to a more broad-based communities-wide approach to supporting healthy behaviour. If health promotion volunteers are going to work effectively in their communities, it only makes sense that they involve as many representatives of communities as they can. Forming partnerships is the best way to do this.

¹⁶ Human Resources Development Canada, "The Partnership Handbook" 1997

¹⁷ Source: Heart Health Nova Scotia (2000)

Here are some additional advantages of health promotion partnerships.

- Creative solutions can be developed from different perspectives. For example, a local fitness club may have unique expertise to contribute to an annual walk-a-thon that has traditionally been held by a health agency. Firefighters can provide a unique approach to the tobacco control issue.
- Partnerships often improve relationships between diverse groups and mainstream groups such as the Canadian Cancer Society. They can greatly extend “buy in” and support. This is especially important when trying to reach groups that may not agree with the health message such as teenagers who smoke or golf course managers who may not agree with controlling the use of pesticides.
- Most communities support the idea of doing things together and we are gaining experience in partnership building. Partnerships such as anti-smoking coalitions are quite common in the health promotion field. We can draw on this experience to advance our cause.
- There are often financial incentives and resources available for health promotion partnerships such as health promotion grants from government, health agencies, health departments and even local hospitals.
- Partnerships are a good way to enhance existing strengths and activities such as recreational programs.
- Partnerships can often use limited resources more effectively. This is especially important in the health field where extensive resources are needed for treatment which limits the resources available for prevention and early detection initiatives.
- Partnerships can bring more holistic approaches to issues as they share the risks, rewards and solutions. For example, joining up with unique cultural groups can bring a wealth of new recipe ideas for healthy eating!
- Partnerships can promote, improve and enhance the delivery of health promotion activities. Think about including the media in your partnerships.
- Partnerships often involve people and organizations who might otherwise not participate such as hard-to-reach groups. This is even more important when dealing with groups that may be marginalized and not have the resources to adopt healthy behaviours.

4. Some examples of local, regional and provincial Canadian Cancer Society partnerships across Canada

All across Canada, Canadian Cancer Society volunteers and staff participate in a wide range of partnerships that take place at the local, regional and provincial level. These may include coalitions, alliances, stakeholders groups and committees such as:

- Local and provincial tobacco free coalitions and networks.
- Coalitions of community groups, NGOs and concerned citizens focusing on banning ornamental use of pesticides in municipalities.
- Wellness coalitions that work to help communities incorporate healthy lifestyles within their communities.
- Provincial healthy eating partnerships such as the Alliance for Healthy Eating and Physical Activity in Nova Scotia.

- A provincial stakeholders group in New Brunswick that is establishing a strategy for children's health and the environment.
- In Quebec, *la Semaine québécoise pour un avenir sans tabac*, a tobacco-free coalitions.
- Partnerships with local departments of public health and regional health authorities for health and wellness.
- "Smoking Sucks", in Saskatchewan, a coalition made up of The Heart and Stroke Foundation, the Canadian Cancer Society and the Saskatchewan Coalition for Tobacco Reduction who banded together to launch an anti-tobacco education campaign called Smoking Sucks. It is aimed at youth 15 years of age and younger and features young people speaking out about tobacco industry tactics and the harmful effects of second-hand smoke.
- In BC/Yukon, the Division has been a lead partner in the development and on-going work of the BC Healthy Living Alliance, including the provision of substantial documentation on risk factors for chronic diseases and best practice interventions. Their work lead to a series of recommendations to the government call *the Winning Legacy*. **Note:** The BC government recently granted the Alliance \$25 million to begin acting on some of those recommendations.

5. How to form successful health promotion partnerships in communities

Successful health promotion partnerships happen all the time. For many years across Canada, health agencies have grouped together to fight tobacco. This type of partnership has been successful because all groups had a clear goal: eliminate commercial tobacco use. For the most part, everyone knew from the outset what needed to be done.

Partnerships usually follow a basic step by step pattern. Remember, these steps may not always take place one after another; they may happen in a different order and several may even happen at the same time. There are ten basic steps in the process.

Ten stepping stones of successful health promotion partnerships

Step	Definition	Example
Step One: SHARED VISION	The group must share a common vision for the future that is understood and agreed upon by all.	To reach out to low income families about the importance of a healthy lifestyle.
Step Two: COMMON GOALS	The group must develop and agree on desired outcomes. These must be clear, easy to understand statements of outcomes that will make the vision a reality. Accomplishments should be measurable so they can be evaluated.	To provide three educational sessions to low income families and distribute 100 pamphlets about healthy eating and exercise to this target group.

Step	Definition	Example
Step Three: DIVERSE MEMBERSHIP	Membership should include a cross section of people such as stakeholders and those with the skills or resources needed to work effectively in the group. It will be especially important to include membership from the group you are trying to reach. This may not be easy and you may need to make accommodations such as holding meetings in an accessible location during day time hours.	Include members from different cultural groups and representatives from low income families. Staff and volunteers from agencies that support low income families.
Step Four: SOLID COMMITMENT	The group must share an agreement to work together.	All members must share in the commitment to promote healthy lifestyles among low income families
Step Five: ACTION PLAN	<p>The group must understand the steps they need to take to reach their goals. These should be identified and communicated clearly.</p> <p>For more information and tools on action planning, see Chapter 4: "Making it work: Identifying issues and developing a health promotion plan."</p>	<p>Action plan to reach low income families with healthy lifestyle message:</p> <ol style="list-style-type: none"> 1. Hold focus group sessions in low income neighbourhoods. 2. Recruit representatives to assist on the planning committee. 3. Organize workshops. 4. Focus test and produce materials based on input from target group. 5. Distribute materials with assistance from local media.
Step Six: WELL UNDERSTOOD ROLES AND RESPONSIBILITIES	All members understand their role in the group and what they need to do to contribute to the overall operation of the partnership.	Members will be assigned to organize the presentations while others are responsible for distributing materials

Step Seven: CLEAR COMMUNICATION	Information needs to be shared among all members as well as with the public and any interested groups. For more on communicating health messages, see Chapter 7.	Inform the local media about efforts to raise awareness about healthy lifestyles in low income families.
Step Eight: ADEQUATE RESOURCES	Partnerships often fail because they lack the resources they need to function. It is extremely important to plan and obtain the necessary human and financial resources.	Ensure that all the possible sources in communities have been approached for funding and support such as local health department, appropriate health agencies and other groups.
Step Nine: EVALUATION	A successful partnership keeps a close eye on measuring its progress and success.	Conduct follow-up testing with target group to check whether the message about healthy lifestyles was heard and understood.
Step Ten: REVISION AND CLOSURE	A partnership needs to know when to adjust and when to move on. During the process the group will need to fine tune its goals and make changes as necessary. Eventually, the partnership will achieve its goals and need to be closed.	Once you have achieved your basic goal, celebrate!

6. Keys to successful health promotion partnerships

A health promotion partnership will involve more than just setting health goals and putting them into action. You will need to ensure that volunteers consider several factors that will have a great deal of influence on the success or failure of their relationship with other groups.

Power

Power is always present and is rarely equal. Effective health promotion partnerships will combine powers and direct them in a way that will benefit everyone. It is important to value and acknowledge the different types of power that each individual or organization brings to the partnership. By acknowledging it, issues or conflicts that arise from the use of power can be dealt with more effectively.

History

A positive or a negative history may carry over into new relationships. Members will need to discuss any previous history, good or bad, with partners. This can be a very constructive exercise!

Resources

Sometimes members or potential members are unable to provide equal amounts of resources to a health promotion partnership. It is important to establish reasonable expectations. Available time, expertise and funds must be discussed up front so everyone is clear about what can be contributed.

Competition

Communities-based partnerships may displace others providing similar services. Often these groups may see the partnership as unfair, especially if it has received special grants or program dollars or wants to push its own agenda. Partnerships can also create positive competition when they encourage others to become involved in improving healthy behaviours.

Leadership

All groups need leaders. Good ones will pull the group together, see it through the tough spots and encourage others to take on the role. Leadership is a skill which should be nurtured and developed in a partnership. Selecting the proper leader, facilitator or chairperson, even when that role is on a rotational basis, is critical to the future of the group.

Values and ideology

The health promotion partnership will include people who have different values and beliefs. It is important to establish the partnership's values early in the relationship and to remember that the partnership's values need not reflect exactly those of the individual members.

Self-interest

Partnerships should and do serve individual self-interests, whether on a personal or professional level. There's always something in it for each member and knowing what that is ahead of time, and being able to talk about it openly, helps build a partnership.

Perceptions

Be aware that others outside the partnership will be interested and watching what is happening with the group. If the health promotion partnership is having a tough time achieving its goals, external groups and individuals may become concerned and critical. The partnership should strive for positive perceptions through clear communication and inclusion.

7. Canadian Cancer Society Guidelines for partnership and collaboration in health promotion

Partnerships are an effective way of contributing to cancer control. This check list has been developed to help staff and volunteers assess the value of a possible health promotion partnership to the Canadian Cancer Society.

- ☐ Will the goals of your partnership also help meet the mission, vision, values, goals and priorities of the Canadian Cancer Society?
- ☐ Are the organizations who participate engaged in any activities or business enterprises that are not in synch with the policies and positions of the Canadian Cancer Society? (For example tobacco companies are not potential partners.)
- ☐ Will the partnership match the health promotion priorities of the Canadian Cancer Society? (**Note:** These may vary among different provincial Divisions.)
- ☐ Will the partnership meet a defined need within communities?
- ☐ Will the partnership address health promotion priorities?
- ☐ Does the Canadian Cancer Society have the resources (staff/volunteer, time, ability, financial) to actively and effectively participate?
- ☐ Will the partnership provide an opportunity for the Canadian Cancer Society to enhance its profile as an organization committed to health promotion?
- ☐ Will the partnership equally recognize the contributions of all participating organizations?
- ☐ Will the partnership use the Canadian Cancer Society logo in a manner in keeping with our branding policies?
- ☐ Will the partnership include an evaluative component?
- ☐ Will the actions and outcomes of the partnership be included in any staff or volunteer reports?

If any answers to the above questions are negative, volunteers will need to think carefully about the value of the partnership and discuss it with the appropriate Canadian Cancer Society management staff.

Note: Each provincial Canadian Cancer Society Division will have their own individual approach to partnerships. For example, organizers may be required to complete a memorandum of understanding that defines

Chapter 7

Shouting it from the rooftops!

The importance of media and advocacy for cancer risk reduction

Purpose:

This chapter provides basic information about two specific ways we can deliver our health promotion messages: 1. By working with the media¹⁸ and 2. by advocating for cancer risk reduction¹⁹.

Key topics:

1. The importance of using the media as a partner in the delivery of health promotion activities
2. Examples of health promotion activities involving the media.
3. Media savvy ways to get your message out
4. What to do when approached by the media
5. Making the transition from educating to advocating about cancer risk reduction
6. The Canadian Cancer Society's role in advocacy
7. Advocacy basics

Additional program planning tools (available in Section E):

- ✓ Hands On! Program Planning Tool #5: Health Promotion Volunteer Media Watch

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.

2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. Why involve the media in the delivery of health promotion activities?

An important note: *The Canadian Cancer Society works hard to maintain a positive relationship with the media and to deliver a well thought-out and consistent message. All Divisions of the Society have Communications staff whose job it is to ensure that the information we provide to the public via the media and other sources is clear and in line with the Society's key messages. When communicating with the media on behalf of the Society, health promotion volunteers should **always***

¹⁸ Much of material about working with the media is based on The Health Communication Unit (UofT) Media Advocacy Workbook and the ASCD (Association for Supervision and Curriculum Development), How to Work with the Media. Available at: http://www.ascd.org/advocacykit/working_media.html. Accessed November 7, 2005.

¹⁹This chapter draws on material from the Ontario Division Advocacy Toolkit (September 2004) and the BC/Yukon Division Volunteer Guide to Advocacy – April 2005.

ensure that their message is accurate by consulting www.cancer.ca and informing their local communications staff.

One of the most important tools we can use to educate the public about health issues is the media. In today's fast-paced modern world, the media plays a huge role in providing us with information almost as soon as it becomes available. TV, radio, newspapers, magazines and the Internet all compete to be the first to tell us what's new.

Today's public relies on the media to provide them with more than just the news and weather. The media also provides them with information about all aspects of life including how to stay healthy.

As a health promotion facilitator, you will find that working with the media locally and provincially will be an important part of your health promotion volunteers' work in community action for health. They will discover that the media is one of the most powerful tools they can use to make sure their health message is understood by the most people in your communities. The media can help get basic messages out about cancer risk reduction and also help teach people about how to change their behaviour. More importantly, the media can be a powerful tool in shifting the focus from individuals to entire communities.

It is important to remember that the media is a tool. Health organizations often fall into the trap of trying to woo the media to "their side". The media in Canada takes great pride in its objectivity and unbiased approach to the news. The best way to establish a relationship with the media is to "stick to the facts". Encourage your volunteers to be honest and straight forward with their message. If they believe in their health promotion message and communicate it clearly things will go well.

Here are some examples of some upstream health promotion media and communications activities that can be carried out by Canadian Cancer Society health promotion volunteers:

- ★ A group of volunteers committed to addressing environmental and occupational carcinogens form a media watch group. They scan newspapers, magazines, television and radio programs about the issue and e-mail a weekly summary to interested individuals.
- ★ A group of families work with the media on an educational campaign to help people understand the meaning of the UV index.
- ★ The Canadian Cancer Society Division office produces special print and radio public service announcements (PSAs) about the Smoker's Help Line. Volunteers contact local newspapers to inform them of the availability of these PSAs.

2. Media savvy ways to get the message out

Fact sheets:

A fact sheet is a good way to outline the key points of a complex issue, or to introduce an event or program. Fact sheets are helpful for providing information about health promotion events or for outlining the key advantages of a health behaviour such as using sunscreen.

Op-ed and letters to the editor: High-profile opinions

Op-eds are opinion pieces that are usually published on the editorial pages. The purpose of op-eds and letters to the editor is to persuade people about a particular point of view. These vehicles have been used with great success by anti-smoking advocates.

Television appearances

Television appearances offer a wonderful opportunity for health promoters to communicate their messages to community audiences with a sense of immediacy.

Radio programs

Radio call-in programs, particularly syndicated ones, are an excellent tool for health promoters.

3. What to do if you are approached by the media²⁰

If you are approached by the media, you should first alert your local or divisional communications staff. If they agree that you should speak with them, the following tips may help.

- Ask the reporter for his/her name and news organization and write it down.
- Ask for the specific reason the interview is needed and how much time it should take.
- Find out how the information will be used.
- Take the interview seriously. Assume that what you say will be read or heard by many people.
- Determine the major points you want to make ahead of time. The key to a good interview is in providing direct answers to questions.
- Try to arrange the interview on your own turf.
- Be clear about your agenda and stick to it. Keep the interview focused on what you want to communicate.
- Provide the background you feel is necessary.
- Convey your facts in a straightforward way.
- Be honest, straightforward and say what you have to say and no more.
- Be proactive, not reactive whenever possible.

²⁰ This section is based on material from the Addiction Research Foundation's Media Skills Notebook, 1995.

4. Making the transition from education to advocacy about cancer risk reduction

An important note: *For many years, the Canadian Cancer Society has worked with local, provincial and national governments to advocate about cancer control. We have worked hard to maintain a positive relationship and deliver a well-thought and consistent message to legislators and policy makers. Many Divisions of the Society have advocacy staff at the provincial level whose job it is to ensure that the advocacy messages we deliver are clear and in line with the Society's positions. When advocating on behalf of the Society, health promotion volunteers should **always** ensure that their message is accurate by consulting www.cancer.ca and keeping Canadian Cancer Society advocacy staff in the loop.*

Most health promotion activities are focused on working in communities to raise awareness and to help individuals and communities change their behaviour. However, there may be times when volunteers need to advocate for changes that can be established in the laws and policies that govern communities.

Here are some examples of how health promotion activities can evolve from a focus on general community awareness to advocacy for policy change.²¹

- General awareness-raising about the dangers of pesticide use can evolve into the development of a municipal pesticide use bylaw.
- An information campaign about the importance of breast screening can lead to advocacy efforts for funding to provide transportation to screening centres for rural or low income women.
- Awareness-raising about the dangers of smoking among teens can become an advocacy campaign to ban smoking on local school property.
- A program to help low-income single moms provide healthier food to their families can become an advocacy effort to improve communities access to fresh vegetables and fruits.

5. The Canadian Cancer Society: A long-time cancer advocate

For years the Canadian Cancer Society has acted as an advocate for cancer issues. Volunteers and staff have played a vital role in advocating about issues such as implementing tobacco control policy and bylaws on restricting the cosmetic use of pesticides. In fact, there are times when speaking up about cancer is one of the Society's most powerful weapons.

The Canadian Cancer Society advocates on behalf of Canadians and people living with cancer and uses its influence to encourage governments to pass public policies that will help prevent cancer and help people living with cancer.

²¹ This section has been adapted from The Community Toolbox (CTB) an online resource developed by the University of Kansas. Available at: http://ctb.ku.edu/tools/en/sub_section_main_1206.htm. Accessed November 8, 2005.

It is important to note that the Society focuses its advocacy efforts on issues that are of overall public concern (broad population-based) versus advocating on behalf of individual clients.

Here are some examples of some upstream health promotion advocacy activities that can be carried out by Canadian Cancer Society health promotion volunteers. Remember, that all activities in the name of the Canadian Cancer Society should be planned and carried out with input and guidance from Public Issues staff.

- ★ A group of teen volunteers organize a protest at city hall to encourage municipal politicians to strengthen the current smoke-free bylaw.
- ★ Health promotion volunteers work with nutritionists at the municipal public health department to provide guidelines to restaurants on how to cut back on the salt and fat they use to cook their food.
- ★ A group of immigrants from the Asian community work with the Canadian Cancer Society to lobby the provincial government to ensure that breast and cervical screening information is provided to women in a variety of Asian dialects.

Over the years, the Society has developed a range of positions on various cancer-related issues. The Canadian Cancer Society position on issues such as the following can be found at www.cancer.ca

Tobacco control	Canadian Strategy for Cancer Control
Environmental carcinogens	Occupational exposure
Colorectal cancer screening	Health systems reform
Artificial tanning	Gene patenting
Breast cancer genes	Marijuana smoking

Remember, when advocating on behalf of the Canadian Cancer Society it is extremely important that volunteers represent the issues accurately. Always check www.cancer.ca for the latest position.

6. Advocacy basics

What is advocacy?

The basic purpose of advocacy is to influence decision making. An advocate strives to change the way decision-makers view issues and to change their decision making behaviour. Ideally, advocacy takes place at the problem definition stage; at the point when there is a chance to influence how an issue is shaped. When this is not possible, the next step is to influence a process just prior to a decision being made. The most difficult advocacy effort is to try and change a decision that has already been made.

The nature of public issues is a balance between being proactive in certain instances, while being reactive in others. Advocates are often required to act within very short timeframes and need to understand and communicate very complex issues.

What is an advocacy issue?

An advocacy issue is a problem that might originate at an individual or group level, but escalates to become a large public concern. Its resolution will depend on some form of intervention by someone with authority.

For the Society, advocacy issues often centre around problems or situations that affect people at risk of or living with cancer such as tobacco control, pesticide use, protection from UV radiation or access to cancer treatment.

What is policy?

A policy is a set of principles or a plan of action that guides present and future decisions. It refers to the rules of conduct that govern an organization, community, province or country. Public policy refers specifically to legislation enacted by elected governments at all levels – municipal, regional, provincial and federal, and can come in the form of laws, regulations, procedures or expenditures.

The need to influence government policy can be key for an organization's ability to fulfil its mission.

Chapter 8

Staying on track and measuring success²²

Purpose:

This chapter covers the important topic of reporting and evaluation.

Key topics:

1. Why evaluation is important for health promotion
2. The basic definition of evaluation
3. The principles and values of community evaluation
4. The different types of evaluation

Additional program planning tools (available in Section E):

- ✓ Hands On! Program Planning Tool #6: What worked? What didn't work? Activity evaluation form

Notes: 1. This chapter contains material that is geared toward Canadian Cancer Society health promotion facilitators. A separate *Canadian Cancer Society Health Promotion Volunteer Handbook* is available for health promotion volunteers.
2. Your Canadian Cancer Society provincial Division may have a different approach to health promotion strategies, activities and roles. Always work closely with your appropriate Divisional or Regional staff.

1. Why is evaluation important?

An important note: *Outcome evaluation will require the help of Canadian Cancer Society staff at the local and divisional level. Some Divisions may also wish to involve local organizations such as public health units, regional health authorities, cancer treatment centres and universities or colleges.*

Evaluation is all about staying on track. As a facilitator, when you evaluate your progress, you take time to make sure that you and your health promotion volunteers are meeting objectives; that what you are doing is making a difference for the people, communities or organizations for whom and with whom you are working. Evaluation can also show you what has happened in communities as a result of your health promotion program.

In a nutshell, when you evaluate your program, you check to make sure it is doing what it is supposed to do.

There are many good reasons for community groups to evaluate their health promotion efforts. Evaluation can improve efforts to promote health and development at any level - from a small local non-profit group to a national effort.

Here are some of the reasons why you need to encourage volunteers to assist with evaluation:

- ✓ To collect information about what they are doing.
- ✓ To improve their work.
- ✓ To provide ongoing feedback so you can make adjustments to the program.

²² Some content in this chapter is based on the CMHA Mental Health Promotion Toolkit Chapter on Evaluation. Available at: http://www.cmha.ca/mh_toolkit/intro/index.htm

- ✓ To involve members from communities, who may not have traditionally understood that a program is in place.
- ✓ To justify the use of resources and hold their group accountable to communities and those who may be providing the funding.

2. What is evaluation?

Evaluation is the process used to assess what we have achieved and how it has been achieved. It means looking critically at our efforts and deciding what was good, what was bad and how the process could be improved. There's more to evaluation than just finding out if we did a good job. It's also important to use our evaluation data to improve our initiatives along the way. This is especially important for health promotion projects. It's essential that the process, as well as the outcome, promotes the health of those who are participating.

3. The principles and values of community evaluation

Community health promotion initiatives often represent the earliest beginnings of change within communities. They may be the first chance for members of communities and organizations to work together to improve their quality of life. As such, there are certain unique considerations to keep in mind when evaluating health promotion initiatives.

- ★ Community evaluation should begin early and be ongoing.
- ★ Communities are ever-changing, so community programs need to be continually watched to see how/what may need to be changed. As such, they need to be carefully evaluated throughout the process.
- ★ Community programs are planned and implemented by members of communities who deserve and expect constant feedback to ensure that they are working as planned.
- ★ Community evaluation information should be relevant to everyone involved in developing and implementing the program.
- ★ Community evaluation must understand and reflect the issue and the context in which change is taking place.
- ★ Community evaluation should involve people from entire communities.
- ★ Community evaluation should help members from communities understand what's going on, improve their work and increase their self-determination.
- ★ Positive results can be used to help sustain and promote widespread adoption of communities initiative and/or its components.

4. Types of evaluation

Two basic types of evaluation are particularly important for health promotion: process and outcome evaluation.

Process evaluation focuses specifically on activities (process) and helps determine how well things are going. This is the kind of evaluation that volunteers will be involved in the most. The kind of tools they will use for process evaluation may include

- Reporting forms
- Records of events
- Interviews with key participants
- Focus groups
- Observation

Outcome evaluation is all about looking at the impact (outcome) of health promotion programs on participants and communities. It will help volunteers understand if their work is effective and if they have achieved the objectives they set out at the beginning of their project. Outcome evaluation is most meaningful when it is compared to baseline measurements taken before the project begins. For example, if the focus is on an outcome evaluation of an information program to promote cervical screening it will be important to compare the rates of screening *before* the information program with those *after* the program.

Section C

HANDS ON! TRAINING TOOLS



"Practice is nine-tenths." Ralph Waldo Emerson

This section provides a range of interactive training tools that have been specially designed to help facilitators train and support volunteers in understanding the material provided in each of the chapters.

Hands-on! Training Tool #1: Stomp Out Cancer!²³

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 1: “An Ounce of Prevention is worth a pound of cure: The good news about cancer risk reduction.”

Type of activity: A fun and effective way to reinforce the Canadian Cancer Society’s key messages on cancer prevention.

Approximate time: 1 hour prep time, 1 hour for the activity

Participants: This activity is intended for volunteers who are new to health promotion.

Materials required: Balloons, paper, answer sheet, prizes

Purpose: The purpose of this activity is to help facilitators work with volunteers to understand the various risk factors for cancer. This is a key activity that will lay the groundwork so that volunteers can build on this understanding as they learn more about health promotion.

How to do the activity:

- ✓ Use the chart below to print out questions about cancer risk reduction. Cut out each question and place it in a balloon. Blow up and tie the balloon.
- ✓ Ask participants if they would like to help “STOMP OUT CANCER”.
- ✓ Participants then “stomp” on a balloon and once the balloon pops, the participant retrieves the “question” inside and tries to answer the question.
- ✓ If available, hand out a small prize to the individual who is able to answer the most questions.

Question	Answer
Where does cancer begin in our bodies?	Cancer is a disease that starts in our cells . Sometimes a cell's instructions get mixed up and it behaves abnormally. After a while, groups of abnormal cells can circulate in the blood or immune system, or they can form lumps or tumours.
What are the two types of tumours?	Tumours can be either benign (non-cancerous) or malignant (cancerous) . Benign tumour cells stay in one place in the body and are not usually life-threatening. Malignant tumour cells are able to invade the tissues around them and spread to other parts of the body.

²³ This activity was originally developed by the Nova Scotia Division for use during their Relay for Life Events.

What are risk factors?

Risk factors are **anything that might increase our chance of developing a disease like cancer.**

Name 3 of the 6 general categories of risk factors for cancer.

Cancer develops gradually as a result of a complex mix of risk factors related to:

- lifestyle (smoking, diet, exposure to sunlight)
- the environment
- heredity
- chance
- age (as you get older your risk increases)
- gender (male or female)

In addition to lifestyle changes, what is another thing an individual can do to prevent cancer?

An individual may:

- make some lifestyle changes
 - be given medication that may reduce their risk
- choose to have surgery

What are the three types of prevention?

Type:

Definition:

Primary prevention

Prevent the onset of illness

Secondary prevention

Detect disease before symptoms develop to increase the effectiveness of treatment

Tertiary prevention

Provide rehabilitation and treatment services that maximize possible outcomes.

What is the best way to control cancers that cannot be prevented?

Through **early detection**. Unfortunately, not every cancer can be prevented. However, we can reduce the impact of many cancers if we detect them early.

In Canada, cancer is one of the top five chronic diseases. Name 2 others.

The others are **cardiovascular (heart) disease, diabetes, kidney disease and respiratory (lung) diseases**. These illnesses account for more than 75% of deaths in the country.

What is the single most effective thing we can do to reduce cancer?

Eliminating tobacco is one of the most effective ways we can reduce cancer because smoking is the single most important cause of cancer.

Which type of action can have the greatest impact on cancer? Individual action or community action?

In health promotion, it is important to note that there is a difference between individuals and communities who are risk for developing cancer. Recognizing this fact will help you decide what type of health promotion action to take. Individual action is very important, but **in most cases, we can have an even greater impact if we focus on helping our communities reduce their risk.**

Hands-on! Training Tool #2: Moving from the one to the all

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 1: “An Ounce of Prevention is worth a pound of cure: The good news about cancer risk reduction.”

Type of activity: Personal meditation and one-on-one discussion

Approximate time: 20 minutes to complete the questionnaire. Personal follow-up may be required.

Participants: This activity is intended for volunteers who are new to health promotion.

Materials required: Paper and pen or pencil

Purpose: The purpose of this activity is to help facilitators work with volunteers to identify cancer risk factors in their own life as well as in the lives of their friends, families and communities. It should reinforce the links between cancer risk factors and the development of cancer as well as how both individual and community actions are important. This is another key activity that will lay the groundwork so that volunteers can build on this understanding as they learn more about health promotion.

How to do the activity: Review the key messages about risk reduction with participants. Ask them to spend some quiet time answering the following questions on their own. Have them provide the answers to you so you can discuss them individually or in group.

1. Identify some cancer risk factors in your own life. For example, Do you smoke? Do you eat a healthy diet?
2. Based on the information you have learned so far, list three cancer risk reduction goals that you would like to achieve for yourself.
3. Now, think about your friends and family. What are some of the ways that they could lower their risk for cancer? How can you and others support them to reduce their risk. Is there information they need?
4. Now, think about the various communities you are involved with (i.e. spiritual, social and cultural). Are there things that could happen in these communities that would make an impact on the overall risk for cancer? For example a non-smoking bylaw? More shade trees in local parks and other public areas?

Hands-on! Training Tool #3: Laying the groundwork²⁴

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 2: “Understanding Health Promotion”

Type of activity: Large group brainstorming and discussion

Approximate time: 20 minutes

Participants: This activity is intended for facilitators to use with volunteers who are new to health promotion.

Materials required: flip chart and markers

Purpose: The purpose of this activity is to help volunteers think about health in the broadest sense. For groups that have limited background in health promotion who have not questioned the way Canada delivers healthcare, this can be an important introduction to health promotion. Participants will need time to discuss their own beliefs about health and confront any misconceptions about health.

How to do the activity:

Pose the following questions about health and health care to participants and ask them to record their answers on post-it notes. Some examples of questions you might ask are:

What does health mean to you? When you think about health, what comes to your mind?

Think about your own health. What are some of the factors that affect your personal health? How do these factors connect with each other?

Think about your community's health. What are some of the factors that come into play that make your community healthy? How do these factors connect with each other?

Stick the answers on the wall. You and the participants can then group similar responses into categories in order to see the similarities and differences among people's views. It will be interesting to see what your group lists. By sharing their ideas you will be able to understand their ideas of what health means to them. You will find that the group will challenge each other to think about health in the broadest sense.

Talk about the things people have listed. If they list “healthcare” items such as hospitals, doctors, etc. you may wish to comment that it is interesting that we sometimes equate health with illness care. Sometimes we talk about the things that make people better after they are sick rather than the things we can do to avoid illness in the first place.

If you do not have 20 minutes to spend on this exercise and you would still like to use it as an introduction, place a flip chart on the wall and ask people to take a marker and list a word or two that expresses what health means to them or what comes to mind when they think about healthy communities. As your session starts, you could read through their ideas and comments and use this as a lead-in to the rest of your session.

Once the participants have shared their thoughts, introduce them to the social determinants of health table provided in this chapter. Discuss the relationship between lifestyle, environment, etc as key health factors

²⁴ Based on Heart Health Nova Scotia, Health Promotion 101: Train the Trainer. Activity #1

Hands-on! Training Tool #4: The Health Race

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in **Chapter 2: “Understanding Health Promotion”**

Type of activity: Group brainstorming and discussion

Approximate time: 30 - 45 minutes

Participants: This activity is intended for facilitators to use with volunteers who are new to health promotion.

Materials required: a large room with sufficient space for a large group to stand and move ahead, masking tape, player profiles (if using).

Purpose: This activity provides participants with an interactive look at how social, economic, and environmental inequities impact people's ability to attain and maintain health.

How to do the activity:

Use masking tape to make a line about two thirds of the way down the room. Make sure that there is sufficient space for all the participants to stand on the line and that there is room for people to move backwards from the line. Participants will need to move either forward or backward based on the set of conditions that best apply to them.

This set of conditions will depend on what variation of the activity you choose to use with your group. These variations include the following:

1. Each individual participates as themselves, responding to the questions based on their own personal demographics and life circumstances. **Note:** This variation requires a lot of disclosure on the participants and may not be appropriate for all groups.
2. Let the participants create an identity for themselves. This could be a fictionalized person or a famous person. Either way, things they should know about their “character” should include gender, age, location, marital status, occupation, income, religion, etc. The character should not be based on someone else in the room or someone that the participants know personally.
3. Create a diverse set of “profiles” and randomly assign each participant a profile of their own for the duration of the activity. Sample profiles are included, but facilitators are encouraged to use profile that would be most relevant to the group they are working with.

To begin the activity, have each participant line up along the line of masking tape. Explain to them that in order to get a sense of what kinds of things make it easier for people to achieve health you are going to have a “race” for health. The far wall they are facing will represent the finish line or “health”. The quicker and easier it is for them to reach the finish line represents the ease with which they can attain and maintain health. However, before the race can begin, the participants will need to answer a series of questions that will help determine where their individual starting line is. The questions and their corresponding instructions are as follows:

If the participants:

- earn less than \$20,000 per year, take two steps back
- earn between \$20,000-30,000 per year, take one step back
- earn between \$30,000-40,000 per year, remain where you are
- earn between \$40,000-50,000 per year take one step forward
- earn over \$50,000 per year, take two steps forward

If the participants:

- belong to two or more minority groups, take two steps back
- belong to one minority group, take one step back
- belong to the dominant group except for one characteristic, take one step forward
- belong to the dominant group, take two steps forward

If the participants:

- live in political or economic upheaval, take two steps back
- live in some social or personal instability, take one step back
- live in a stable, diverse community, take two steps forward

If the participants:

- are male, take one step forward
- are female, take one step back
- are transgendered, take two steps back

Variation: Instead of or in addition to using the above questions, you can also have participants take one step forward each time they answer “Yes” to the following questions:

1. Could you expect to speak openly and easily about your sexual orientation/identity at school or work without fear of harassment or negative consequences?
2. Do you feel safe walking alone on the streets at night?
3. Do you expect to be treated fairly by the police?
4. Can you go to the store on foot quickly and easily?
5. Do you expect to be financially well off and able to travel during your retirement?
6. Do you expect to be able to get a large loan from a bank easily?
7. Do you think that your chances are good when you are interviewed by a social worker to adopt a child?
8. Are you free to practice your religious practices and holidays at work or school without fear of harassment or negative consequences?
9. Can you communicate easily with others you have just met?
10. Do you feel comfortable and confident discussing or questioning your health with your doctor?

Once each participant is in position according to their answers to these questions, tell them that they are now ready to begin their race for health! Make sure there's no pushing, etc. as the group makes a break for the finish line.

Debrief:

During the debrief find out how the participants felt about being able to move forward or about being forced to move backwards or stand still. What relationships did the participants observe between social factors and people's ability to achieve health? Have the participants share their profiles with the group during the discussion. Regardless of which variation of the activity you used, be sure to cover the social determinants of health during your discussion. Here are examples of some key points to consider:

Income:

- Health status improves at each step up the income and social hierarchy.
- Adequate income ensures basic living conditions are met, such as access to clean water, adequate food, and safe housing and is therefore essential to the maintenance of health.
- There is a large body of empirical evidence that links poverty to a shorter life expectancy and higher socio-economic status to slower disease progression.
- Societies that are reasonably prosperous and have equitable distribution of wealth have the healthiest populations.

Social Status (i.e. sexual orientation, race, culture – religion/language, etc.):

- Social status refers to the regard people are given by others in a society. Social status is generally connected to such characteristics as economic class, race, gender, age, sexual orientation, etc. The more you reflect the "dominant" or "norm" group, the higher your social status.
- Social status is a vital component is an individual's personal capacity to effectively negotiate societal systems.
- An individual who is treated with the dignity and respect generally accorded those with high social status is more likely to benefit from the services offered by representatives of those systems. For example, they will be more likely to access medical services that are culturally appropriate, sensitive to their sexual orientation and provided by practitioners that reflect their identity.
- People with lower social status may encounter more barriers to access health services that meet their needs. For example, recent immigrants may not be able to find a health care centre that is aware of their cultural norms and the effects of these norms on people's health. This can lead to people not being able to voice their concerns or receive appropriate advice/treatment.

Social Environment:

- The values and norms of a society influence the health and well being of its individual members and populations.
- Social stability, recognition of diversity, safety, good working relationships, and cohesive communities contribute to a society in which health risks are reduced.
- For example, people who are highly focused on survival issues such as finding shelter, food, and water are less likely to be focused on long-term issues such as cancer prevention. Living today is a priority, not several years from now.

- Studies have shown that low availability of emotional support and low social participation has a negative impact on health and well being.

Gender:

- Gender refers to the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power, and influence that society ascribes to the two sexes on a differential basis.
- “Gendered” norms influence the public health and health care systems’ practices and priorities. For example, much of what we know about health has been determined through research on male subjects.
- As many health issues are a function of gender-based social status or roles, measure to address gender inequality within and beyond the health system can improve the population’s health.
- As well, many health issues are a function of gender-based social status or roles. For example, women are at increased risk for human papilloma virus (HPV) infection (the main cause of cervical cancer) because of the power imbalance that exists in many relationships means that they may not be able to negotiate safer sex with their partner.

Sample Profiles:

Stay-at-home heterosexual mother of three with “traditional values” whose husband has a six-figure income. Completed high school, but has no post secondary education and has never held a fulltime job.

First Nations female factory worker in a relationship with a white man and living in Burnaby. She practices traditional native spirituality, but lives disconnected from her family and home community.

16-year-old high school student who is deaf and thinks she may be a lesbian. She uses sign language to communicate, lives in Powell River, and is a practicing Christian.

Caucasian heterosexual Christian male who is CEO of a successful corporation. He is unhappily married with three children.

South American female with two young children. She is a recent refugee, speaks very little English, and lives in a rooming house on Vancouver’s downtown eastside.

45-year-old single Asian male with no dependents. He recently lost his seasonal job due to frequent illness and has now been diagnosed with terminal lung cancer.

30-year-old single pregnant Caucasian female. Works as a waitress for minimum wage and has not completed high school.

39-year-old Caucasian male. Masters level education in computer information systems, self employed, works alone from home. Lives alone in a condo downtown, has never married, move to Vancouver from Ontario a year ago.

Indo-Canadian married man, father of four. Trained as an aviation mechanic, but works at the garage of a local gas station for \$9.00 an hour 40-50 hours/ week. Is the sole income earner for his family, including his wife, elderly parents, and children. Is deeply religious and involved with the local Indo-Canadian community.

Separated single gay white male who has custody of his 10-year-old daughter. Lives in Maple Ridge and works as an elementary school teacher.

Hands-on! Training Tool #5: What would you do?²⁵

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 3: “Moving from Health Education to Community Action for Health”

Type of activity: Small group work and problem solving

Approximate time: 1 hour with 3 groups of 4

Participants: This activity is intended for facilitators to use with volunteers who are new to health promotion. It can also be used by facilitators to help orient other Canadian Cancer Society volunteers such as Board members, fundraising volunteers, etc. to the importance of health promotion.

Materials required: Flip charts/paper for each group, markers and scenario cards (see below).

Purpose: The purpose of this activity is to help volunteers identify health promotion strategies that could be used locally and provincially to address a health issue or a determinant of health. This activity was developed by the Heart Health Program in Nova Scotia.

How to do the activity: Ask participants to form small groups of 4 – 5 people. Explain to them that they are going to pretend they are concerned citizens who are faced with issues. Pass out a card to each group. Ask the group to choose a recorder and someone to read back their results. Have the group spend 10 – 15 minutes discussing and making notes about how they would address the population-based problem on their card. What strategies would they use?

After you give out the cards, circulate among the groups to make sure everyone is aware of what they need to do. Let the group address the problem as a whole but if they wish to pull out smaller issues and strategize around them, that's fine. After the groups have developed a plan have each group take 5 minutes to present their ideas.

Card #1

You are the new provincial Minister of Health and your Deputy Minister comes to you with some interesting statistics. She tells you that:

- A provincial health survey shows that 1/4 of the population smokes.
- Evidence shows that most cigarette smoking occurs during the teenage years and often becomes a life long addiction.
- Smoking causes about 30% of all cancers in Canada. Each year, thousands of Canadians die as a result of smoking-related cancers.
- In 1991, smoking-attributable health care costs in Canada were \$2.5 billion (CAN). Additional smoking-attributable costs included \$1.5 billion for residential

²⁵ Based on Heart Health Nova Scotia, Health Promotion 101: Train the Trainer. Activity #3

care, \$2 billion due to workers' absenteeism, \$80 million due to fires and \$10.5 billion due to lost future income caused by premature death.

If you were the Minister of Health, what strategies would you put in place to address this issue? You will want to make sure your efforts are seen in your local community (riding).

Card #2:

You are a breast cancer survivor who is concerned about the high risk factors people in your neighbourhood have for cancer. You are worried about your younger family members and people in your neighbourhood. Some are not aware of the risk factors and some have the attitude that “if they are going to get it they will get it no matter what they do.”

You try to set up a display at the mall to raise awareness but not many people take your information and you worry that they will not read it. You find out that this is probably true as the statistics for your community show that there is a low level of literacy. You decide instead to focus on a particular risk factor: healthy eating. After some investigation you discover that:

- No school board policies around food exist – the cafeterias sell mainly high fat, low fibre food for lunches and snacks in all of the schools.
- Low literacy rates have affected people’s ability to have adequate income and there are a high percentage of lower income families who are at even greater risk for cancer and they are less likely to spend their money on healthy, but more expensive foods.

What ideas can you come up with to help your neighbourhood decrease their risk for cancer?

Card #3:

The Canadian Cancer Society has announced that there is now scientific evidence to show that being physically inactive is a risk factor for cancer. You and a few of your friends want to learn more about this important issue. During your research you discover that:

- Despite a trend to increasing physical activity during leisure time, one-half of Canadian adults are still inactive and approximately 80% of youth are not active enough to meet the international guidelines for physical activity expenditure daily in physical activity.
- There are few safe places for community members to walk, bike or exercise.
- All of the physical education teachers have been laid off due to cut backs.

You share these facts with your local member of town council and she is so alarmed by these facts she invites you to come to their next meeting, prepared to suggest some strategies to help the community become more physically active. What strategies would you suggest?

Hands-on! Training Tool #6: What is YOUR Community?

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 3: “Moving from Health Education to Community Action for Health”

Type of activity: Individual or group brainstorming and discussion

Approximate time: 30 minutes

Participants: This activity is intended for facilitators to use with volunteers who are new to health promotion. It can also be used by facilitators to help orient other Canadian Cancer Society volunteers such as Board members, fundraising volunteers, etc. regarding the importance of recognizing various communities in health promotion.

Materials required: Flip chart, Post-it Notes

Purpose: The key purpose of this activity is to help volunteers recognize diverse communities and understand the many communities /layers of identity they belong to. For example, the experience of a middle-class person with a disability in a major urban centre would likely be quite different from a lower-income person with a disability in a rural area.

How to do the activity: Pose the following questions about communities to participants and ask them to write their actions on Post-it notes.

A community generally refers to a group of people who interact and share certain things as a group. In human communities, belief, resources, preferences, needs, risks and a number of other conditions may be present and common, affecting the identity of the participants and how well they connect.

Canadian Cancer Society staff and volunteers work within every community across Canada. What is your geographical community?

Some examples:

- A coastal fishing village
- A downtown collection of high rises in a large city
- A newly built suburb on the outskirts of a city
- A small rural town
- A northern outpost

Community may also mean a sense of belonging to many different kinds of groups such as sports fans, professional associations, hobby groups, etc. What are some other groups that could be considered a community? Do you belong to any other communities?

Some examples:

- Teenagers
- Hockey fans
- Real estate agents
- WWII Veterans
- Social clubs
- People who love to cook
- Writers
- Swimmers
- A knitting circle
- Skiers
- Members of a fitness club
- Teachers
- Curlers
- Wrestling fans
- Gardeners

Stick the answers on the wall. You and the participants can then group similar responses into categories in order to see the similarities and differences among people's views. It will be interesting to see what your group lists. By sharing their answers participants will find that they have some areas in common and others that are different. Some aspects of identity can have a great impact on how people view, react to and access health promotion messages.

Note: Some individuals may not be comfortable sharing their membership in certain communities such as spiritual beliefs, sexual orientation or cultural background. During this activity it will be important to respect individuals' need for privacy in some areas.

Hands-on! Training Tool #7: The story doesn't end here²⁶

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 5: "Building Support (Part 1): Recruiting and Training Health Promotion Volunteers"

Type of activity: Using an analogy

Approximate time: 30 minutes

Participants: This activity is intended for volunteers who are new to health promotion.

Materials required: Photocopy of the story. (optional)

Purpose: This activity is a new take on the traditional Aesop's Fable "The tortoise and the hare". It is designed to help volunteers understand the importance of teamwork. It will reinforce the need to share a common direction and illustrate how this will help us achieve our health promotion goals.

How to do the activity: Story telling is an effective way to help even adult learners understand difficult concepts. Story telling enables you to elaborate on certain aspects to bring out different points and you can use humour and visuals to make it interesting. Once you tell the story, discuss the value of teamwork.

The Story Doesn't End Here. *Author Unknown*

Once upon a time a tortoise and a hare had an argument about who was faster. They decided to settle the argument with a race. They agreed on a route and started off the race. The hare shot ahead and ran briskly for some time. Then seeing that he was far ahead of the tortoise, he thought he'd sit under a tree for some time and relax before continuing the race. He sat under the tree and soon fell asleep. The tortoise plodding on overtook him and soon finished the race, emerging as the undisputed champ. The hare woke up and realized that he'd lost the race.

The moral- "Slow and steady wins the race. This is the version of the story that we've all grown up with."

THE STORY DOESN'T END HERE, there are few more interesting things.....it continues as follows.....

The hare was disappointed at losing the race and he did some soul-searching. He realized that he'd lost the race only because he had been overconfident, careless and lax. If he had not taken things for granted, there's no way the tortoise could have beaten him. So he challenged the tortoise to another race. The tortoise agreed. This time, the hare went all out and ran without stopping from start to finish. He won by several miles.

The moral - "Fast and consistent will always beat the slow and steady. It's good to be slow and steady; but it's better to be fast and reliable."

²⁶Source: Adaptation of a story from Words of Wisdom 4U website:
<http://www.wow4u.com/sdeh/index.html>

THE STORY DOESN'T END HERE

The tortoise did some thinking this time, and realized that there's no way it can beat the hare in a race the way it was currently formatted. It thought for a while, and then challenged the hare to another race, but on a slightly different route. The hare agreed. They started off. In keeping with his self-made commitment to be consistently fast, the hare took off and ran at top speed until he came to a broad river. The finishing line was a couple of kilometres on the other side of the river. The hare sat there wondering what to do. In the meantime the tortoise trundled along, got into the river, swam to the opposite bank, continued walking and finished the race.

The moral - "First identify your strengths and then change the playing field to suit these strengths."

BUT THE STORY STILL HASN'T ENDED!

The hare and the tortoise, by this time, had become pretty good friends and they did some thinking together. Both realized that the last race could have been run much better. So they decided to do the last race again, but to run as a team this time. They started off, and this time the hare carried the tortoise until the riverbank. There, the tortoise took over and swam across with the hare on his back. On the opposite bank, the hare again carried the tortoise and they reached the finishing line together. They both felt a greater sense of satisfaction than they'd felt earlier.

The moral - "It's good to be individually brilliant and to know your individual strengths; but unless you're able to work in a team and harness each other's strengths, you'll always perform below par because there will always be situations at which you'll do poorly and someone else does well."

Teamwork is mainly about situational leadership, letting the person with the relevant core competency for a situation take leadership.

Note that neither the hare nor the tortoise gave up after failures. The hare decided to work harder and put in more effort after his failure. The tortoise changed his strategy because he was already working as hard as he could."

In life, when faced with failure, sometimes it is appropriate to work harder and put in more effort. Sometimes it is appropriate to change strategy and try something different. And sometimes it is appropriate to do both. The hare and the tortoise also learnt another vital lesson. When we stop competing against a rival and instead start competing against the situation, we perform far better.

To sum up, the story of the hare and tortoise has much to say:

Chief among them are that fast and consistent will always beat slow and steady; work to your strengths; pooling resources and working as a team will always beat individual performers; never give up when faced with failure; & finally, compete against the situation - not against a rival.

Hands-on! Training Tool #8: An exercise in balance

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 5: “Building Support (Part 1): Recruiting and Training Health Promotion Volunteers”

Type of activity: Personal meditation

Approximate time: 20 minutes

Participants: This activity is intended for volunteers who are new to health promotion.

Materials required: Instructions about the exercise

Purpose: This activity is designed to help volunteers identify areas in their life that may need more balance.

How to do the activity: This activity can be carried out as part of a group session. Provide these instructions to your volunteers and ask them to complete the exercise. Once they are done, discuss the results as a group. Reinforce the importance of maintaining some balance in your life and remind participants that there will always be areas of their life where they may not have as much control as they would like.

Balance exercise

1. Draw a large circle on a piece of paper and divide it into 8-10 pie wedges.
2. Label each section with an area of your life that is important to you. Examples include family, friends, health, work, recreation, money, personal growth, spirituality, romance, physical surroundings and more. Remember that some areas you will have control over, while for others you won't.
3. Rate your satisfaction in each area of your life. Think of the circle's outer edge as total satisfaction and the center of the circle as total dissatisfaction. In each wedge of the pie, place a small dot to indicate your relative satisfaction in that area of your life. (For example, if you are just moderately satisfied, place your dot in the middle between the center and the edge.)
4. After rating your satisfaction in each pie wedge, connect the dots to create a new outside perimeter for your circle. If you were to roll your circle like a wheel would it roll smoothly or be bumpy?
5. To have a balanced life, tend to the areas where the greatest gaps exist and where you have some control. The key is not to focus on each individual area of your life but to focus on your life as a whole. (Changing your perspective of your life is another important tool to gain balance.)

Balance is a continuous process. As you evolve you'll find new ways to integrate the different aspects of your life into a whole. How you combine your significant other, children and work is a personal process.

Hands-on! Training Tool #9: What can you contribute?²⁷

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 6: “Building Support (Part 2): Community Partnerships”

Type of activity: Questionnaire

Approximate time: 30 minutes

Participants: This activity is intended for facilitators to use with volunteers who are planning health promotion activities in their communities.

Materials required: Photocopy of this questionnaire

Purpose: This questionnaire is designed to help volunteers determine the personal contributions and strengths that they and their group may bring to a partnership. It will reinforce the importance of thinking ahead before embarking on a partnership.

It is difficult to say why people agree to be involved in partnerships or why they stay involved. People are often reluctant to join into partnerships when:

- x They are too busy.
- x There is not enough in it for them.
- x They do not trust the motivation of all the members.
- x They have been directed or sent into the partnership without support.
- x They feel they don't have the skills to do a good job.
- x They are not sure that the benefits outweigh the risks.

People become active and stay involved when:

- ✓ They understand and support the cause or purposes of the partnership.
- ✓ There is something in it for them or they can see how they can help.
- ✓ They trust the motivation of all the members.
- ✓ They feel welcomed and included.
- ✓ They understand why they have been sent to the partnership and how it will be supported by their organization.
- ✓ They feel competent and able to do what is needed.
- ✓ They have the time, interest and desire to participate.

²⁷ Based on material from “The Partnership Handbook.”

Note any particular personal contributions or strengths you bring to the partnership. Identify and list any limitations that you may have (e.g. a strength may be good planning skills, while a weakness might be lack of patience with meetings).

List any strengths or limitations related to your organization (e.g. a strength might be a real commitment to the partnership, while a weakness could be lack of understanding about the time needed to be an effective partner).

Hands-on! Training Tool #10: Are you ready for partnership?²⁸

Note: This training tool is provided primarily to help train and support volunteers in understanding the material provided in Chapter 6: “Building Support (Part 2): Community Partnerships”

Type of activity: Questionnaire

Approximate time: 30 minutes

Participants: This activity is intended for facilitators to use with volunteers who are planning health promotion activities in their communities.

Materials required: Photocopy of this questionnaire

Purpose: Partnerships are sometimes formed with very little attention given to how prepared the group is to proceed. The following exercise will help volunteers identify whether their group is ready to get involved in community partnerships.

Answer the following questions about the potential partnership:

What is the need for the partnership? How do you know it is needed?

Who are the individuals, groups or organizations that might be interested and who have similar goals?

²⁸ Based on material from “The Partnership Handbook.”

Are there some organizations that don't seem like obvious partners that should also be considered?

How do you know there is support for this partnership from communities, other organizations and the people who will most benefit from it?

How will they show their support?

Is the political climate favourable?

Where are the resources coming from to operate the partnership and anything that might result from it?

How do you know that a partnership, and not any other vehicle, such as a committee or task force, is the right approach to use?

What are the implications to others who are involved in similar activities in communities?

Section D

HANDS ON! PROGRAM PLANNING TOOLS



"Whenever you are asked if you can do a job, tell 'em, "Certainly, I can!" Then get busy and find out how to do it." Theodore Roosevelt

This section provides a range of planning tools that have been specially designed to help facilitators and volunteers plan and organize health promotion activities in their local communities.

Hands-on! Program Planning Tool #1: Community issue summary

Type of tool: Planning questionnaire

Approximate time: 30 minutes

Users: This planning tool is intended to be used by facilitators with volunteers and staff who are involved in identifying issues in their communities. It can also be by leadership volunteers such as Board members to plan health promotion activities.

What is the issue/problem?

Who is affected?

How and why do we know this is a problem? (e.g. statistics, community perspectives, resources)

What are the potential solutions?

Is the community ready to take action? (Remember: This is a long-term process. It's all right to start small where there are opportunities for positive results.)

How important is the issue?

What are the critical success factors?

With whom can we partner? (See Planning Tool #2 for more on forming your Community Dream Team.)

What are our short-term objectives?

What are our long-term objectives?

Hands-on! Program Planning Tool #2: Forming your community “dream team”

Type of tool: Planning questionnaire

Approximate time: 30 minutes

Users: This planning tool is intended to be used by facilitators with volunteers and staff who are involved in identifying issues in their unique communities. It can also be by leadership volunteers such as Board members to plan health promotion activities.

Notes: If you are going to be successful you will need to recruit a diverse cross-section of community members with a variety of backgrounds, beliefs, interests and concerns. Consider inviting other volunteers, boards of directors and staff of community agencies and non-profit organizations, municipal staff, government representatives, business leaders, service clubs, women’s groups, Francophone and or Aboriginal groups, other cultural groups, gay and lesbian groups, religious groups, (including practices such as Buddhism, Paganism, etc.) recreation associations, schools, health practitioners, media, etc.

Which individuals, organizations/agencies and community leaders do you need to include?

Who else needs to be involved? (Consider age, culture/ethnicity, gender, income, rural/urban, occupation, education, health, sexual orientation, life experience, skills, knowledge, expertise, etc.)

Who has a special interest or is interested in community action?

How will you contact them and ensure they will be included?

Will anyone oppose our initiative?

How will you bring people together?

Coffee get-together
Community hall meeting
School forum
Potluck supper
Discussion/Planning Workshop
Other ways _____

How will people be notified?

Phone
Community newsletter
Email
Personal contact
Newspaper
Other ways _____

Hands-on! Program Planning Tool #3: Activity selection form:

Issue:

How do we want to take action? What are some of the possible activities we could engage in? (Brainstorm several activities)

Which activities would be the best choice? **Why?** Think about the resources you have available, your timelines, etc.

Who do we want to impact and affect with the actions?

What exactly do we want to achieve with our action? What are the direct outcomes we are looking for?

Why do we want to take action? What is the final outcome we to achieve?

What resources will we require?

Use the Activity Work plan (Hands-On! Program Planning Tool #4) to further define the steps you need to take.

Hands-on! Program Planning Tool #4: Activity work plan

Type of tool: Workplan template

Approximate time: 30 minutes

Users: This template is intended to be used by facilitators with volunteers and staff who are involved in identifying issues in their communities. It can also be used by leadership volunteers such as Board members to plan health promotion activities.

[illegible]

Hands-on! Program Planning Tool #5: Health promotion volunteer media watch

Type of activity: Local media monitoring by local volunteers

Approximate time: Ongoing

Participants: This activity is intended for health promotion facilitators to assist volunteers to monitor media activity in their communities.

Materials required: Photocopy of this form.

Background: As stressed in Chapter 4, if we are to maintain the Canadian Cancer Society's positive public profile, it is very important that any communication and advocacy activities for health promotion are carried out under the watchful eye of Canadian Cancer Society communications and advocacy staff. One activity that has worked well with volunteers in some Divisions is to obtain their assistance in monitoring the local media.

Purpose: This activity provides a basic form for volunteers to use when monitoring local media reports that may be related to Canadian Cancer Society health promotion and risk reduction activities.

Canadian Cancer Society Media watch reporting form:

Date: _____

Volunteer name: _____

Address/telephone: _____

E-mail: _____

Community represented: _____

Name of media event: (i.e. newspaper, magazine, radio show, television show)

Date of publication/broadcast: _____

Name of writer/reporter: _____

Description of story: _____

Why is this story relevant to the Society? I.e. what issue does it relate to?

Is any follow-up required? If so, what are your recommendations?

Completed report forms should be sent to: *insert appropriate Canadian Cancer Society contact name and coordinates.*

Hands-on! Program Planning Tool #6: What worked? What didn't work? Activity evaluation form

Type of tool: Evaluation questionnaire

Approximate time: 30 minutes

Users: This planning tool is intended to be used by facilitators with volunteers and staff who are involved in identifying issues in their communities. It can also be used by leadership volunteers such as Board members to plan health promotion activities.

Notes: Evaluating results is an important way of understanding if health promotion volunteers are on the right track and achieving results. Evaluation does not have to be complex to provide important information. Encourage volunteers to think of evaluation as a tool that helps them stay on track and achieve results.

For more on evaluating an overall health promotion plan, see Chapter 8: "Staying on track: Measuring your success."

When planning an evaluation, consider these four basic questions:

1. What worked and why?

2. What did not work and why?

3. What could be done differently? I.e. were there any target groups that we missed?

4. What adjustments and changes are required now?

Section E

MORE HELP IF YOU NEED IT



"Never mistake knowledge for wisdom. One helps you make a living, the other helps you make a life." Sandra Carey

This section contains important words, concepts and resources that will help in understanding health promotion and cancer risk reduction.

Important words and concepts

Aboriginal: As defined by the Constitution Act, 1982, Section 35(2), "Aboriginal peoples of Canada" includes the "Indian, Inuit and Metis" peoples of Canada.
www.ccfm.org/ci/gloss_e.html

Advocacy: The basic purpose of advocacy is to influence decision making. An advocate strives to change the way decision-makers view issues and to change their decision making behaviour. Ideally, advocacy takes place at the problem definition stage; at the point when there is a chance to influence how an issue is shaped. When this is not possible, the next step is to influence a process just prior to a decision being made.

Best practice: A process, technique or resource that has been proven to be successful in providing significant benefits in cost, schedule, quality, or other measurable factors. Best practices are activities and programs that are in keeping with the best possible evidence about what works. (*Health Canada, 2004*)

Cancer: A general term for more than 200 diseases. Cancer is the uncontrolled, abnormal growth of cells that can invade and destroy healthy tissues. Most cancers can also spread to other parts of the body. *Canadian Cancer Society. Cancer Glossary [online]. Available from: <http://info.cancer.ca/e/glossary/glossary.html>*

Cancer control: Cancer control aims to prevent cancer, cure cancer, and increase survival and quality of life for those who develop cancer, by converting the knowledge gained through research, surveillance and outcome evaluation into strategies and actions. (*Canadian Strategy for Cancer Control. What is Cancer Control? [online] Available from: <http://209.217.127.72/csccl/>*)

Capacity building: Capacity building in health promotion is about enhancing the ability of individuals, organization, and communities to address their health issues and concerns. Capacity building is intended to improve communities' potential to achieve their objectives in relation to health and environment and strengthen neighborhood processes and systems so that individuals, families, and local groups may take control of their own lives. (*Ontario Prevention Clearinghouse, 2002*)

Carcinogen: Any substance that causes cancer.

Collaboration: A process where individuals and groups can explore their differences and search for solutions that go beyond their own vision of what is possible. Collaboration involves joint problem solving and decision making among key stakeholders in a problem or issue. Four features are critical to collaboration:

1. the stakeholders are interdependent
2. solutions "emerge" by dealing constructively with differences
3. decisions are jointly owned
4. stakeholders assume collective responsibility for the future direction of the domain.
(*Barbara Gray. Collaborating: Finding Common Ground for Multiparty Problems. Jossey-Bass Publishers, London, 1989, 5. Adapted*)

Communities: A specific group of people, often living in a defined geographical area, who share a common culture, values and norms and are arranged in a social structure according to relationships which the community has developed over time. Members of a community

gain their personal and social identity by sharing common beliefs, values and norms. Community members are usually aware of their identity as a group and share common needs and a commitment to meeting them.

Community mobilization: Private citizens and the business, non-profit and governmental sectors work cooperatively to identify local issues of mutual concern and find solutions to them. They use their expertise and energy in the planning, design, and development of healthy community level initiatives and to support the reduction of the factors that work against health (e.g., unsafe physical environments). (*Canadian Public Health Association, 2001 and Health Canada.*)

Culture: a set of learned beliefs, values and behaviours; the way of life shared by the members of a society. www.saa.org/publications/sampler/terms.html

Diversity: Diversity is the term used to describe the relative uniqueness of each individual in the population.

Early detection: There are two major components of early detection of cancer: 1) education to promote early diagnosis and 2) screening. Increased awareness of possible warning signs of cancer, among health care providers and the general public, can have a great impact on the disease. Some early signs of cancer include lumps, sores that fail to heal, abnormal bleeding, persistent indigestion and chronic hoarseness. Early diagnosis is particularly relevant for cancers of the breast, cervix, mouth, larynx, colon and rectum and skin. (*World Health Organization. Screening and Early Detection of Cancer [online]. Available from: <http://www.who.int/cancer/detection/en/>*)

Ethnicity: a set of characteristics which result in a distinctive culture, in which a group of people share. Ethnicity is a term that is somewhat flexible in meaning, but generally refers to a subset of the national culture in which people share one or more of the following characteristics: race, nationality, religion, ancestry, or language. www.historycentral.com/Civics/E.html

Evaluation: Evaluation is the process we use to assess what we have achieved and how it has been achieved. It means looking critically at our efforts and deciding what was good, what was bad and how the process could be improved. There's more to evaluation than just finding out if we did a good job. It's also important to use our evaluation data to improve our initiatives along the way. This is especially important for health promotion projects. It's essential that the process, as well as the outcome, promotes the health of those who are participating.

Evidence-based decision making: The aim of evidence-based decision making (EBDM) is to ensure that decisions are based on the best available knowledge and evidence. (*Health Canada, Population Health – Evidence-Based Decision Making*)

Family: A family is defined as a group of individuals who are related by affection, kinship, dependency or trust. "Extended family" may also include not only those family relationships that exist by birth but also include significant others who are not related by birth. (*Correctional Services of Canada: http://www.csc-scc.gc.ca/text/portals/families/definition_e.shtml*)

Health promotion: Health promotion is an approach to improving health by providing individuals, groups and communities with the tools they need to make informed decisions about their well-being. Health promotion moves beyond the traditional treatment of illness

and injury. Its efforts focus on the social, physical, economical and political factors that affect health and include such activities as the promotion of physical fitness, healthy living and good nutrition. Public Health Agency of Canada: <http://www.phac-aspc.gc.ca/vs-sb/voluntarysector/glossary.html>

Gender: Gender refers to how our culture distinguishes between masculinity and femininity. Individuals are born female or male; however, they become feminine and masculine through complex developmental processes that take years to unfold.
www.sasked.gov.sk.ca/docs/social/psych30/Glossary.htm

Healthy public policy: The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health enhancing. (*World Health Organization Health Promotion Glossary, 1998*)

LGBTQ: A term used to describe a variety of alternate sexual orientations: Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirit, Questioning

Logic Model: Often used as a guide for program planning and evaluation - describes the flow of inputs to systems, interventions, outputs, as well as short and longer term impacts and outcomes, and other factors that will impact on programs achieving outcomes.

Morbidity: A diseased condition or state; the incidence or prevalence of a disease or of all diseases in a population. (*CIHI*)

Mortality: Death.

Mortality indicators: A set of indicators measuring the rate of death according to: age, sex, infectious disease, injury, cancer and chronic disease conditions.

Mortality rate: The rate at which death occurs within a certain time period after a specified event. (*CIHI*)

Outcomes: Outcomes are developed during the evaluation planning phase and are defined as *the results we desire to achieve*.

Population Health: This is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. (*Health Canada, Population Health, What is Population Health?*)

Population Health Approach: This approach recognizes that health is a resource rather than a state, a definition which corresponds more to the notion of being able to pursue one's goals, to acquire skills and education and to grow. This broader notion of health recognizes the range of social, economic and physical environmental factors that contribute to health including: safe environments, adequate income, education, shelter, safe and nutritious food, and peace, equity and social justice. (*Canadian Public Health Association and Health Canada, Population Health, What is Population Health?*)

Prevention: Prevention includes actions aimed at eradicating, eliminating or minimizing the impact of disease and disability, or if none of these is possible, retarding the progress of disease and disability. These activities should decrease the probability of specific illnesses in individuals, families and communities. Prevention is the concept of reducing unwanted health outcomes by reducing or eliminating risk factors that might lead to those outcomes.

Primary Prevention: Primary prevention of disease is achieved by measures that avoid the disease from starting in the first place. There are at least three distinct forms of primary prevention of cancer:

- **Removing the cause of cancer.** For example, smoking causes lung cancer and many other forms of cancer. Reducing tobacco addiction is primary prevention. Other examples are healthy nutrition, regular physical activity and healthy public policies.
- **Detecting and treating a condition that can progress to cancer.** For example, both cervical and colorectal screening can detect pre-malignant lesions, in addition to detecting early cancers. They represent primary and secondary prevention.
- **Preventing the development of cancer.** This is called chemoprophylaxis. For example, there is evidence that aspirin can prevent the development of pre-malignant bowel polyps. Chemoprophylaxis is a promising but unproven form of primary prevention of cancer.

Secondary Prevention: Secondary prevention is the early detection of disease at a stage when treatment is easier and more effective to cure disease or to slow its progression, prevent complications, and limit disability when cure is not possible. For example, Pap smears, breast self-examination and mammograms, testicular self-examination, PSA screening tests and digital-rectal examinations are examples of secondary prevention.

Tertiary Prevention: Tertiary prevention consists of measures to reduce impairment, disability and suffering in people with existing disease. It consists of actions to limit the effects of disease and disability for people in the earlier stages of illness, and providing rehabilitation for people who already have residual damage. Surgical tumour removal, chemotherapy, radiation and palliative care are examples of tertiary prevention.

Public Education: Increasing the awareness, understanding and knowledge about health information standards and guidelines. (*BC Ministry of Health Planning*) Public education often uses the following communication vehicles:

- Reputation, reliability and redibility
- Through people and organizations
- By directive but non-intrusive advertising
- Through published brochures and other materials
- By e-mail and a website on the Internet
- Through speaking at public or professional events

Race: A race is a distinct population of humans distinguished in some way from other humans. The most widely observed races are those based on skin color, facial features, ancestry, and genetics. Conceptions of race, as well as specific racial groupings, are often controversial due to their impact on social identity hence identity politics.

en.wikipedia.org/wiki/Race

Risk: Risk is a person's chance of getting a disease over a certain period of time. A person's risk factors make up a person's risk.

Risk behaviour: Specific forms of behaviour which are proven to be associated with increased susceptibility to a specific disease or ill-health.

Risk factor: Social, economic or biological status, behaviours or environments which are associated with or cause increased susceptibility to a specific disease, ill health or injury. Some can be controlled, but not all of them. Risk factors for cancer include: a lifestyle choice, like what a person eats; an environmental exposure, like smoke from other people's cigarettes; genetic make-up or family history; or another disease or medical problem. These things mix together with different effects on different people. Some people are more sensitive to risk factors than others. Just because you have one or even several risk factors does not mean you will definitely get cancer. And avoiding risk factors does not guarantee you will be healthy.

Sacred use of tobacco: Tobacco has been used in Aboriginal communities for thousands of years before contact with Europeans and the rise of recreational smoking. Tobacco was grown and cultivated with other natural herbs such as sweet grass and lavender. Today, many aboriginal groups across Canada use tobacco in a variety of ways as a traditional, sacred part of their culture. http://www.hc-sc.gc.ca/hl-vs/pubs/tobac-tabac/quit-cesser-guide/session-seance_3_e.html

Second-hand smoke: Smoke that comes from burning any commercial tobacco product, including exhaled smoke from the smoker and side-stream smoke from the burning end of a cigarette, pipe or cigar. Second-hand smoke (also known as environmental tobacco smoke) is a confirmed carcinogen. *National Clearinghouse on Tobacco and Health. What is environmental tobacco smoke (ETS)? [online]. Available from:* http://www.ncth.ca/NCTH_new.nsf

Socioeconomic status: The socioeconomic status (income, education, power) of the individual and the group, which signifies among other things, one's degree of success in achieving a standard of living, quality of life and life-style. (*University of Calgary, Psychology Department*)

Social Determinants of health: The range of personal, social, economic and environmental factors which determine the health status of individuals or populations such as income and social status, education, employment and working conditions, access to appropriate health services and physical environments. (*World Health Organization Health Promotion Glossary, 1998*)

Sun safety: Practices that protect a person from the harmful effects of exposure to ultraviolet radiation (e.g. reducing time in the sun during peak periods, wearing a hat, sunglasses and other protective clothing, seeking shade when outdoors and using sunscreen).

Target: A desired measurable goal toward which a plan or activity is directed.

Tobacco control: A broad range of planned and coordinated activities (e.g. policy, cessation, marketing, price) directed at various audiences and in different settings designed to reduce commercial tobacco consumption and use.

Resources that will help and inspire you²⁹

Health promotion: General orientation

The OHPE Bulletin (Ontario Health Promotion Electronic Bulletin) website is a good place for general browsing on the breadth of health promotion issues, resources, programs and fields. The front page of the website <http://www.ohpe.ca> offers an overview of what to expect. The Introduction can lead to the Subject Areas Framework/Matrix at <http://www.ohpe.ca/ebulletin/matrix.cfm> (which covers the breadth of health promotion –see <http://www.ohpe.ca/ebulletin/howto.html#subject>). Perusing the features can also be informative (<http://ohpe.ca/ebulletin/feature.cfm>)

Another good place for an overview of health promotion is the CLICK4HP health promotion listserv - possibly through browsing or searching through the archives first (not just subscribing first off). Try the website at <http://listserv.yorku.ca/archives/click4hp.html>

Heart Health Nova Scotia: Health Promotion 101: Train the Trainer. A Collection of Ideas and Resources for Facilitators of Health Promotion Workshops. June 2000.

Health promotion web sites

The following **Websites** provide an overview of health promotion, and links to key documents in the field:

University of Toronto Centre for Health Promotion:
<http://www.utoronto.ca/chp/index.html>

"Health Promotion Hotlinks"

http://www.opc.on.ca/english/our_programs/hlth_promo/resources/full/hlth_prom_hotlinks.htm

- annotated bookmarks and favorites of Canadian and international organizations and online documents related to the field of health promotion.

Key "Policy Documents" about health promotion (compiled by Penney Kirby for the OHPRS <http://www.ohprs.ca>)

1974 A new Perspective on the Health of Canadians (Lalonde report)
<http://www.hc-sc.gc.ca/hppb/phdd/pube/perintrod.htm>

The World Health Organization (WHO) Background Information on Health Promotion
<http://www.who.int/hpr/health.promotion.shtml> with links to the following documents:

²⁹Based on recommendations from Alison Stirling, Health Promotion Consultant, Ontario Prevention Clearinghouse Available at:
http://www.idmbestpractices.ca/pdf/Health_Promotion_recommended_references_updated_09_04.doc . Accessed November 9, 2005.

1986 Ottawa Charter on Health Promotion (WHO 1st HP conference)
http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf

1988 Adelaide recommendations on Healthy Public Policy (WHO 2nd HP conference)
http://www.who.int/hpr/NPH/docs/adelaide_recommendations.pdf

1991 Sundsvall Statement on Supportive Environments (WHO 3rd HP conference)
http://www.who.int/hpr/NPH/docs/sundsvall_statement.pdf

1997 Jakarta Declaration on Partnerships for a New Era (WHO 4th HP conference)
http://www.who.int/hpr/_private/Backup/nph/version2/jakarta.declaration.shtml

2000 Health Promotion: Bridging the Equity Gap (WHO 5th HP conference 5GCHP)
http://www.who.int/hpr/ncp/docs/framework_countrywide_plans_of_action.pdf

2005 Bangkok Charter for Health Promotion
http://www.who.int/healthpromotion/conferences/6gchp/bangkok_charter/en/

1999 Toward a Healthy Future - Second Report on the Health of Canadians (Health Canada)
<http://www.hc-sc.gc.ca/hppb/phdd/report/subin.html>

2001-2 Population Health Template (Health Canada's Population Health Promotion unit)
http://www.hc-sc.gc.ca/hppb/phdd/pdf/discussion_paper.pdf for direct access to the template.

The Template organizes and consolidates current understandings of population health under eight "key elements", and describes procedures and processes required to act on each element.

Another good resource is the International Union of Health Promoters and Educators (IUHPE). <http://www.iuhpe.nyu.edu/index.html> You'll find great resources, projects, contacts and now a new online journal called 'Reviews of Health Promotion & Education Online' <http://rhpeo.org/> (including an interesting collection of pieces on "My 5 favorite resources on health promotion & education by a star cast in the field).

Books about health promotion

These books may be available in your local library:

Health promotion in Canada: provincial, national and international perspectives / Ann P. Pederson, Michel O'Neill and Irving Rootman. - Toronto: W.B. Saunders Canada, 1994. - 401p.

A comprehensive profile of health promotion in Canada is presented in this book, including an historical overview, trends and developments and a look at the future. A section on international perspectives is included.

Health promotion: philosophy, prejudice and practice / David Seedhouse. - New York: Wiley, 1997. -202p.

This book analyses the prejudices and misconceptions of health promotion as outlined by the Ottawa Charter, and outlines ways and means to overcome the

"newspeak" of "new public health" and gain control of the promotion of living conditions and lifestyles conducive to health. [**Dennis Raphael's favorite!**]

People-centred health promotion / J. Raeburn and I. Rootman. - London: Wiley, 1997.

This book presents an approach to health promotion, which is first and foremost people-oriented. It discusses the basic elements of a people-centred approach which includes empowerment, organizational and community development, participation, life quality and evaluation, and presents the application of such an approach in practice as illustrated by a series of real-life projects. It concludes with a vision of a society based on people-centred health promotion principles.

Academic journals about health promotion

Health Promotion Practice (journal of US Society of Health Promoters & Educators)
no abstracts or full text available - need to get from library)

<http://www.sagepub.co.uk/frame.html?http://www.sagepub.co.uk/journals/details/j0309.html>

Health Promotion International abstracts available online, full text through university
<http://heapro.oupjournals.org/>

Promotion & Education - Quarterly Journal of the International Union for Health Promotion and Education

<http://www.iuhpe.nyu.edu/pubs/journal/index.html>

Health Education & Behavior (peer-reviewed journal focused on behavior change)
abstracts & some full text

<http://www.sph.umich.edu/hbhe/hebe/>

American Journal of Health Promotion (focus on lifestyle, workplace health) only
editor's notes online

<http://www.healthpromotionjournal.com/publications/journal.htm>

Resources about cancer risk reduction

Canadian Cancer Society/National Cancer Institute of Canada. Canadian Cancer Statistics 2005. Toronto, ON: Canadian Cancer Society, 2005. Available from: http://www.cancer.ca/ccs/internet/standard/0,,3172_14291_langId-en,00.html.

Canadian Strategy for Cancer Control Web site:
http://209.217.127.72/home_csc.html

Cancer 2020 Steering Committee. Targeting Cancer: An Action Plan for Cancer Prevention and Detection. Cancer 2020 Summary Report [online]. Available from: http://www.cancercare.on.ca/documents/Cancer2020CCS-1513Report_summary.pdf [cited 11 August 2005]. Background Report also available online at: <http://www.cancercare.on.ca/documents/Cancer2020BackgroundReportMay2003.pdf> [cited 4 December 2005].

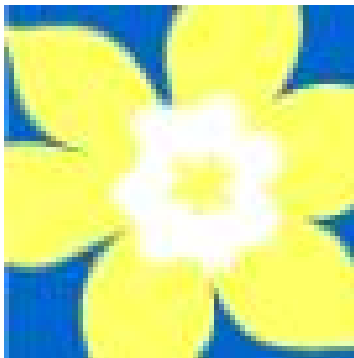
Chronic Disease Prevention Alliance of Canada Web site:
<http://www.chronicdiseaseprevention.ca/>

Public Health Agency of Canada. Overview: Integrated strategy on Healthy Living and Chronic Disease [online]. Available from: http://www.phac-aspc.gc.ca/media/nr-rp/2005/2005_37bk1_e.html

BC Healthy Living Alliance. The Winning Legacy: A Plan for Improving the Health of British Columbians by 2010. Available from: <http://www.bccancer.bc.ca/NR/rdonlyres/1BB92690-D7C1-412B-95BF-A9E49041194C/10188/TheWinningLegacy1.pdf>

Section F

YOUR DIVISION



This section should contain specific information that each provincial Divisions may chose to include in the *Facilitator's Guide*.

Appendices

Appendix 1 Information about the Canadian Cancer Society

Mission

The Canadian Cancer Society is a national, community-based organization of volunteers whose mission is the eradication of cancer and the enhancement of the quality of life of people living with cancer.

We achieve our mission by:

- funding and carrying out excellent research on all types of cancer
- providing comprehensive information about cancer care and treatment
- giving support to people living with cancer
- speaking out to prevent cancer and help those living with it
- promoting healthy lifestyles and strategies for reducing cancer risk

Vision

Creating a world where no Canadian fears cancer.

Guiding principles'

Values

These serve as guidelines for our conduct and behaviour as we work towards our vision.

- **Quality** – our focus is on the people we serve (cancer patients, their families, donors, and the public) and we will strive for excellence through evaluation and continuous improvement.
- **Caring** – we are committed to serving with empathy and compassion.
- **Integrity** – we are committed to act in an ethical, honest manner.
- **Respect** – we believe that all people should be treated with consideration and dignity. We cherish diversity.
- **Responsiveness** – we strive to be accessible, flexible, transparent, and to demonstrate a sense of urgency in our resolve and decision making.
- **Accountability** – we are committed to measuring, achieving and reporting results, and to using donor dollars wisely.
- **Teamwork** – we are committed to effective partnerships between volunteers and staff, and we seek opportunities to form alliances with others.

What we do

Thanks to the generosity of our donors and the work of our volunteers and staff, the Canadian Cancer Society is leading the way in cancer control to actively prevent, cure or manage cancer. The Canadian Cancer Society takes the role as steward of donor dollars very seriously and makes every effort to allocate these dollars where they will make the most difference in making cancer history. In working to control cancer, we focus our work in five areas:

Research

The Canadian Cancer Society is the largest charitable funder of cancer research. Our research dollars are allocated by the National Cancer Institute of Canada. The Institute allocates research dollars through a strict review process that ensures that the money contributed by the Canadian Cancer Society is directed only to excellent cancer research across Canada.

Advocacy

The Canadian Cancer Society works strategically and relentlessly to influence systemic change on tobacco, prevention, coordination of cancer control, research and research issues and health reform. Working for change at the societal level will lead to fewer cases and deaths from cancer.

Prevention

The Canadian Cancer Society makes every effort to provide Canadians with the information and help needed to make healthy lifestyle choices. We believe, however, that the burden of choice should not solely rest with the individual. Prevention is about systemic or societal choices, so we work to influence public policy to make the healthy choice.

Information

The Canadian Cancer Society helps you take control of your health with reliable information. Through our *Cancer Information Service*, www.cancer.ca, and a wide selection of publications, we offer up-to-date, accessible and credible information – information that empowers you to make good decisions when it comes to your health.

Support

The Canadian Cancer Society believes that no one need face this disease alone. We offer individual or group support programs for caregivers, family and friends – if you or someone you care about has been diagnosed with cancer, you might find it helpful to talk to someone who has had a similar experience. Or, to help you with your practical concerns, we offer a range of programs, such as transportation to cancer treatment. (Programs vary depending on where you live.) Our community services directory lets you search for these programs – and much more – close to home.

National Board Ends

The Canadian Cancer Society exists so that:

No Canadian (all people living in Canada) fears cancer.

There is a reduced incidence of and mortality from cancer.

There is enhanced quality of life for people living with cancer (those living with it and those affected by it).

The Canadian Cancer Society exists so that:

The results of research (new knowledge and its application) along the cancer continuum, from prevention to end of life, are used to benefit Canadians.

Canadians have the best possible cancer control system in the world.

The incidence of preventable cancers in Canadians steadily decreases.

Canadians have timely, reliable, relevant, and understandable cancer control information to reduce the burden of cancer.

There is enhanced quality of life for people living with cancer.